## 118000165821

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## **COVER LETTER**

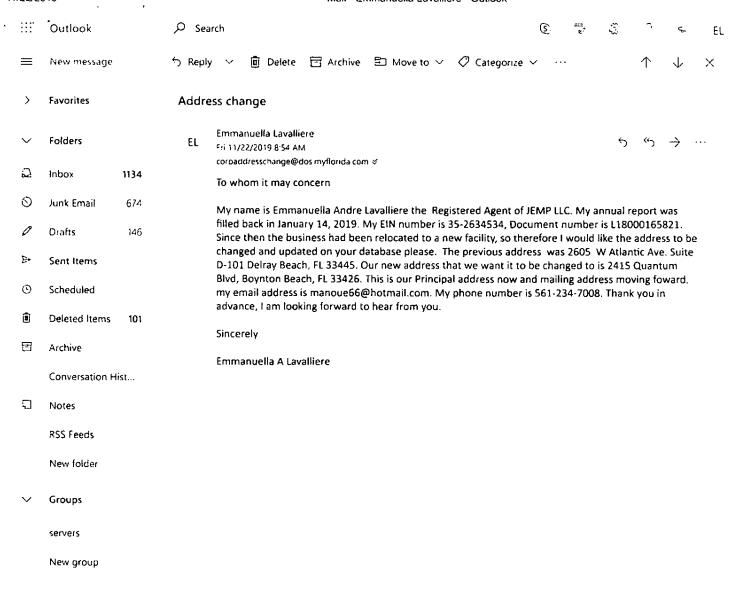
TO: Registration Section Division of Corporations				
JEMP LLC SUBJECT:				
	Name of Lim	ited Liability Company		
Dear Sir or Madam;				
The enclosed Registered Agent/Regi	stered Office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence con-	cerning this matter	to the following:		
Emmanuella Andre Lavalliere				
Name of Per	rson			
JEMP LLC dba Delray Health Infusion	Center			
Firm/Compa	any			
2415 Quantum Blvd				
Address	<u> </u>	<del></del>	19	
Boynton Beach, FL 33426			19 KOV	MICELY TO DOWN OR ALICAN
City/State and Z	Lip Code		26	-;
manoue66@hotmail.com			AM 9	:. ::
E-mail address: (to be used for	future annual repor	t notification)	9: 29	2
For further information concerning the	his matter, please ca	all:		
Emmanuella Andre Lavalliere	56 at (	1 234-7008		
Name of Person		Area Code & Daytime Telephone Number		
<b>Mailing Address:</b>		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		
Enclosed is a check for the	following amount:	:		
□ \$25 Filing Fee		■ \$55 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:			
2. (a)	2415 Quantum Blvd		2415 Qu (b)	antum Blvd
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boynton Beach, FL 33426	_	Boynton	Beach. FL 33426
	01/14/2019	_	1,1800016	5821
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Emmanuella Andre Lavalliere			
·	Registered Agent and Registered Office shown on the records of 2415 Quantum Blvd	the Flori	da Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	<u>55)</u>	<del>_</del>
	Boynton Beach , FL	33426		— 19
				NON LONGE
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	nddanou.	7 26 1 26
	inter taine of teew Registered Agent and/of Mew Registered	Onice	uuress:	AM COR
	2415 Quantum Błyd			9: 115.087
	NEW Registered Office Address:			ATTIONS ATTIONS
	Boynton Beach , FL	33426		<del></del>
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registed bility of the limited	ered office a company, it mited liabil I liability co	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	nture of a member	اجا	mnanucha A	Printed or typed name of signee
provis the ob to mer notifie	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address, I have a change in the registered of this change.	ee to a perfori I for in ereby	ct in this ca nance of my Chapter 60 confirm tha	nacity I further garee to comply with the

**FILING FEE: \$25.00** 



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