## 118000 203219

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					

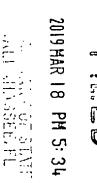
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## COVER LETTER

	stration Section ision of Corporations		
SUBJECT:	SJW LAW GROUP, PLLC		
oobstre r.		e of Limited L	iability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please retur	n all correspondence concerning thi	s matter to the	following:
SCOTT J	. WORTMAN		
	Name of Person		
SJW LAV	V GROUP, PLLC		
	Firm/Company		_
12300 So	uth Shore Blvd., Suite 202		
	Address		
Wellingto	n, Florida 33414-6202		
	City/State and Zip Code		<del>_</del>
scott@sjv	vlawgroup.com		
E-mai	l address: (to be used for future ann	ual report noti.	fication)
For further	information concerning this matter,	please call:	
Scott J. V	Vortman	561	340-4555
	Name of Person	_ " (	Area Code & Daytime Telephone Number
Rep Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations from Building 51 Executive Center Circle dahassee, Florida 32301	Re Di P.	AHANG ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
	closed is a check for the following PAYIVON+  S25 Filing Fee  A ready  SON L		55 Filing Fee & Certified Copy



January 14, 2019

SCOTT J. WORTMAN, ESQUIRE 12300 SOUTH SHORE BOULEVARD SUITE 202 WELLINGTON, FL 33414-6202

SUBJECT: SJW LAW GROUP, PLLC

Ref. Number: L18000203219

We have received your document and check(s) totaling \$970.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

#A%businessentity-may-not-serveras/its-own-registered-agentra/Please-designate-anapindividual-or-another-business-entity-with-anvactive-registration-voratiling-with-this-vooffice-having-a-Florida-street-address-identical-with-that-of-the-registered-office-ve-

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 819A00001039

Claretha Golden Regulatory Specialist II

2019 MAR | 8 PM 4: 41

## 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 with the Statistics 34 Florida.

1. Na	me of the limited liability company:	SJW Law Grou	ip. PLLC		16 Si 11 Night (1	IAH Fl
					1, 1 111, 100 0 0 0 0	
,	Principal office address of limited liab (Note: MUST BE STREET AD	ility company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	10572 Arcole Court	ole Court 10572 Arcole Cou				
	Wellington, Florida 33449		Wellington, Florida 33409			
	08/24/2018		L18000203219			
3.	Date of filing/registration in I	Florida	4.	Document number	<u>~</u>	
5. (a)	Scott Wortman				988 988	20
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta			State:	2019 HAR 14 SEGRE SH TALLAH	ECEIVED
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  10572 Arcole Court			<del></del>	9 ( <b>8</b> ( <b>8} ( <b>8</b> ( <b>8} ( <b>8</b> ( <b>8} ( <b>8</b> ( <b>8</b> ( <b>8</b> ( <b>8</b> ( <b>8</b> ( <b>8</b> ( <b>8} ( <b>8</b> ( <b>8 ( <b>8</b> ( <b>8</b> ( <b>8} ( <b>8</b> ( <b>8) ( <b>8</b> ( <b>8</b> ( <b>8) ( <b>8</b> ( <b>8</b> ( <b>8) ( <b>8</b> ( <b>8) ( <b>8</b> ( <b>8</b> ( <b>8) ( <b>8</b> ( <b>8</b> ( <b>8) ( <b>8) ( <b>8</b> ( <b>8) ( <b>8) ( <b>8</b> ( <b>8) ( <b>8) ( <b>8) ( <b>8</b> ( <b>8) ( <b>8</b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b>	\ \ \ \ \
	Wellington	, FL	33449 F. 5			C
<b>(1-)</b>	Scott Wortman				•	
(b)	Hnter name of NEW Registered Agent and/or	NEW Registered (	)tice address:	·		
				_		
	NEW Registered Office Address:					
	12300 South Shore Blvd., Suite					
	Wellington	. FL	33414-6202			
the cha agent v	imited liability company is not organizing or changes are made, the Florida swill be identical. Or, in the case of a Ferroquthorized by an affirmative vote of organization of the operating a	ed under the law street address of t lorida limited lial of the members of	s of the State o the registered o bility company the limited lia	ffice and the business off, it is hereby confirmed the bility company or as other company.	ice of the registered at the change(s) rwise provided in	
Kigna	ture of a member or authorized representative of	of a member		Printed or typed name of	l signee	
provisi the obl to mer	by accept the appointment as registere ions of all statutes relative to the prope ligations of my position as registered a ely reflect a change in the registered o din writing of this change.	d agent and agre er and complete p egent as provided ffice address, I h	ee to act in this performance of for in Chapter ereby confirm t	capacity. I further agree my duties, and I am fami, 605, F.S. Or, if this doci that the limited liability co	to comply with the liar with and accept ument is being filed ompany has been	
Signati	re of Registered Agent					