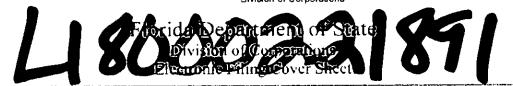
2/12/2019

Division of Corporations



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| | _ | _ | | | | | | |
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LLC REGISTERED AGENT CHANGE JL'S SAAVY TRANS L.L.C.

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

Pursuam 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.

| . (u) | Principal office address of limited liability company: | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
|---|---|--|---|
| 5 1 | (Note: MUST BE STREET ADDRESS) 240 Rosamona Prive, Am 2801 | | PO Box 592546 |
| | 040 Rosamona Drive, Apt 2801 | | Orlando, Ff. 32808 |
| | rlando, FL 32808 | | Chango, FL 52006 |
| 09 | /18/2018 | 1 | .18000221891 |
| | Date of filing/registration in Florida | 4. | Document number |
| . (a) C | arline Smith | | |
| Re | gistered Agent and Registered Office shown on the records o | of the Florida | Dept. of State: |
| Re | gistered Office Address (MUST BE FLORIDA STREE) | (ADDRESS) | |
| 1 | 200 South Pine Island Road | | ≅kg 15 |
| P | lanustion , F | 33324 | |
| | | | |
| (b) | ter name of NEW Registered Agent and/or NEW Registere | | SSS 13 |
| En | ter name of NEW Registered Agent and/or NEW Register | ed Office add | lies: |
| C | T Corporation System | | FILED FEB 13 PH 2: 3 RETARY OF STATE LAHASSEE, FLORID |
| Š | FW Registered Office Address: | | 7. 1. E. 35. 35. 35. 35. 35. 35. 35. 35. 35. 35 |
| 1 | 200 South Pine Island Road | | - J |
| P | lativsview. | FL_33324 | |
| | | | |
| ie change gent will as/were | ted liability company is not organized under the le or changes are made, the Florida street address be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the | of the regis liability co s of the limi ae limited li | stered office and the business office of the regist mpany, it is hereby confirmed that the change(s ited liability company or as otherwise provided iability company. |
| 1 | Markenska | JAI | NICE MCCLENDON Printed or typed name of signee |
| _ | of a member or authorized representative of a member | | |
| herahy a rovision ne obliga nerely | accept the appointment as registered agent and a s of all statutes relative to the proper and comple tions of my position as registered agent as provid reflect a change in the registered office address, s writing of this change | gree to act te performa ded for in C I hereby co | in this capacity. I further agree to comply with ance of my duties, and I am familiar with and ac chapter 603, F.S. Or, it this document is being fo onfirm that the limited liability company has bee |
| omica n | i writing of this change. | D | |
| CTCorp | oration System | Dani | ny Verdecchia itant Secretary |

Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 FILING FEE: \$25.00