## 119000 45401

Office Use Only



800331972968

07/22/19--01043--011 \*\*25.00

2019 JUL 22 PM 3: 27 SECREMBER SECRETATE



## **COVER LETTER**

TO: Registration Section Division of Corporations					
Even Law, PLLC					
SUBJECT:					
	ne of Limi	ted Lia	bility Company		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Chang	e and fe	ee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter t	o the fo	ollowing:		
Jacob M. Even					
Name of Person	<del>_</del>		_		
Even Law, PLLC					
Firm/Company			_		
650 NE 32nd Street, #1108					
Address			_		
Miami, FL 33131					
City/State and Zip Code			-		
jake@evenlaw.org					
E-mail address: (to be used for future ann	ual report	notific	ration)		
For further information concerning this matter.	please cal	11:			
Jacob M. Even	31	2	404-4322		
	at (				
Name of Person			_) Area Code & Daytime Telephone Num	ber	
STREET/COURIER ADDRESS:		MAI	ILING ADDRESS:		
Registration Section	~		stration Section		
Division of Corporations			Division of Corporations		
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301		Talla	ahassee, Florida 32314		
Enclosed is a check for the following	amount:				

☐ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

## 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

Florida	t.	Frank Laws B			
l. Na	me of the limited liability company:	Even Law, P	LLC		
	Even Law, PLLC			Even L	aw, PLLC
<u> </u>	Principal office address of limited li ( <u>Note: MUST BE STREET</u> . 650 NE 32nd Street, #1108	ability company:	(0)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  32nd Street, #1108
	Miami, FL 33137		_	Miami,	FL 33137
	2/14/19			L190000	045401
3.	Date of filing/registration in	n Florida	4.		Document number
5. (a)	Registered Agent and Registered Office sho Jacob M. Even			Dept. of Sta	
	Registered Office Address (MUST BE F 68 SE 6th Street, #1805	<u> LORIDA STREET :</u>	<u>ADDRESS)</u>		
	Miami	F1.	33131		2019 JUL 22 SECKLAHA
(b)	Enter name of NEW Registered Agent and Jacob M. Even	/or <u>NEW Registered</u>	Office add	<u>cess</u> :	JUL 22 PH 3: 27 TALLAHASSEE, FL
	NEW Registered Office Address: 650 NE 32nd Street, #1108				FLE FLE
	Miami	. FL	33137		
the cha agent w was/we the arti Signal Provisi the obli to mere	nge or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating the of a member or authorized representative by accept the appointment as register.	a street address of Florida limited lia of the members of agreement of the of a member	the regist ability corp of the limited	ered officenpany, it ted liability con ob M. Even this can	• •

Division of Cornorations P.O. Box 6327 Tallahassee, FL 32314