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(((H19000114048 3)))



To: Divis	on of Corporations	
Fax N	mber : (850)617-6383	
Accou Phone	it Name : REGISTERED AGENTS INC. it Number : I20090000081 : (307)200-2803 umber : (855)330-1010	APR-8 AT 9
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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 10/100	ume of the limited liability company. J REVE E	NITE	יוססס	SESTIC
1. Na	ime of the limited liability company:	_ IN I E I	KPKI.	JEJ LLC
2. (a)	Principal office address of limited liability company:	_ (b)_		Aailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	17738 Middlebrook Way	_	9858 C	lint Moore Road 111-271
	Boca Raton FL 33496	E	Boca Ra	ton FL 33496
	02/28/2019	L	190000	059070
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	SMITH, JOY E			
J. (a)	Registered Agent and Registered Office shown on the records of the	ie Florida D	ept of State	::
	11738 MIDDLEBROOK WAY			
	Registered Office Address	پيم		
				宝 五
	BOCA RATON ,FL	33496		
(b)	Registered Agents Inc.			
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addre		7. 9
	7901 4th St N			TALLAHASSEE FLOAIG
	NEW Registered Office Address			-t**
	STE 300			
	St. Petersburg ,FLS	33702		
real - 1			2 121 .	of the Carte Boundary of the Antonio Sec.
the cha agent w was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	he registe bility com the limite	red office pany, it is d liability	and the business office of the registered hereby continued that the change(s) company or as otherwise provided in
- Cite area	D .	Riley		parry.
Signat	aure of a member of authorized representative of a member	Triey	I CIT	Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had the spriting of this change. Bill Havre - Assistant	performan for in Che ereby conj	ce of my c apter 605 firm that i	ncity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
Signatur	re of Registered Agent		,	

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