## 119000080156

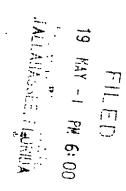
(Requestor's Name)  (Address)							
							(Address)
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



200328309272

05/01/19--01009--002 \*\*25.00



MAY 1 3 2019 S. YOUNG

## COVER LETTER - +

TO: Registration Section

Divi	sion of Corporations					
enn ic <i>e</i> r	BACK 2 BUSINESS ENTERPRISES LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	nis matter to the f	following:			
Dominique	e Fletcher					
	Name of Person		_			
BACK 2 B	USINESS ENTERPRISES L	LC				
	Firm/Company		_			
7749 Norr	mandy Blvd, Ste 145-335					
	Address		_			
Jacksonvi	lle, FL 32221					
	City/State and Zip Code		- <del>-</del>			
Missdomir	niquefletcher@gmail.com					
E-mail	address: (to be used for future and	nual report notifi	cation)			
For further i	nformation concerning this matter	, please call:				
Dominique	e Fletcher	904 at (	386-6863			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
<b>2</b> 1 S	25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy			
INHS18 (2/1-	4)					



## 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:  BACK 2 BUS	SINESS	ENTERPH	KISES LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	7749 Normandy Blvd, Ste 145-335		7749 <b>N</b> oi	rmandy Blvd, Ste 145-335
	Jacksonville, FL 32221		Jackson	ville, FL 32221
	03/22/2019		L1900008	80156
3.	Date of filing/registration in Florida	4.		Document number
5. (a	1			
(u	Registered Agent and Registered Office shown on the records o UNITED STATES CORPORATION AGEN			· 19:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	
	13302 WINDING OAK COURT, A			MAY -1
	Tampa , F	L_33612	!	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ldress:	- ₩∴ 00
		4,7,11,1	-	
	Dominique Fletcher			_
	NEW Registered Office Address:	- <del>-</del>		
	7749 Normandy Blvd, Ste 145-335			-
	Jacksonville	. 32221		
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ficles of organization or the operating agreement of the	aws of the of the reg liability c of the lin e limited	e State of Flo istered office ompany, it is nited liability liability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
<u>_</u>		Do	minique Fl	
I here provis the ob to me	ature of a member or authorized representative of a member why accept the appointment as registered agent and as sions of all statutes relative to the proper and complet digations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to ac e perforn ed for in I hereby c	et in this capa nance of my a Chapter 605, confirm that t	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accep by F.S. Or, if this document is being filed the limited liability company has been
Signat	ure of Registered Agent			

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