## 119000166727

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## COVER LETTER

	Registration Section Division of Corporations	
SUBJE		
	Nam	e of Limited Liability Company
Dear Sir	or Madam:	
The encl	losed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning thi	is matter to the following:
Sylvie	LEBRETON	
	Name of Person	
J Drou	in LLC	
	Firm/Company	
235 W	Brandon Blvd, Suite 258	
	Address	
Brando	on, FL 33511	
	City/State and Zip Code	<del> </del>
	ebretondrouin@gmail.com	
E-1	mail address: (to be used for future ann	ual report notification)
For furth	ner information concerning this matter,	please call;
	line DROUN	at ( 7.13 ) 1, 0 7 - 3 7.50
S	Name of Person	Area Code & Daytime Telephone Number
:	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18	(2/14)	

## 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: J Drouin LLC						
2. (a)	J Drouin LLC		(b) J Drouin	LLC			
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	_		
	235 W Brandon Blvd, Suite 258		235 W B	randon Blvd, Sui	te 258		
	Brandon, FL 33511		Brandon	, FL 33511			
	07/08/2018		L1900016	66727			
3.	Date of filing/registration in Florida	— 4.	-	Document number			
5. (a)	Registered Agents Inc						
υ. (u)	Registered Agent and Registered Office shown on the records of Registered Agents Inc	f the Flori	da Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET						
	3030 N. ROCKY POINT DR STE 150A			-			
	TAMPA , F	L_3360	7			~ >	
(b)				•	~ `	2019 SE.	p 44*
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office i	iddress:				g. 1987 1. a. 1
	Sylvie LEBRETON					ات	
	NEW Registered Office Address:			-		. :	
	235 W Brandon Blvd, Suite 258			_		1,7 F.3	
			_			ت	
	Brandon , F	L <u>3351</u>	1	_			
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reg liability of the li e limited	gistered office company, it is imited liabilit	e and the business of s hereby confirmed to y company or as other apany.	ffice of the	e registe hange(s)	ered
Sign	ature of a member or authorized representative of a member	<u> </u>		Printed or typed name of	of signee		—
provis the ob to mer notifie	by accept the appointment as registered agent and agents of all statutes relative to the proper and completed ligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.  The of Registered Agent	zree to a e perfor ed for ir I hereby	ict in this cap mance of my in Chapter 603 confirm that	acity. I further agre duties, and I am fam 5, F.S. Or, if this doc the limited liability o	e to comp iliar with cument is company	oly with and acc being fi has bee	the cept iled n
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