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| (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

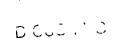


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124 Changes



COVER LETTER (

| TO: Registration Section Division of Corporations | |
|---|--------------|
| SUBJECT: Juli 558's Jewelry LLC Name of Limited Liability Company | _ |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Julissa Grandon Name of Person | |
| Julissa's Jewelry LLC Firm/Company | |
| 2880 NE 203 rd Street APE 12A, Bldg b 2nd Floor Address | |
| Aventura, FL. 33180 City/State and Zip Code | 20 J |
| ivenslave gmeli 1. Com E-mail address: (to be used for future annual report notification) | JAN 27 |
| For further information concerning this matter, please call: | |
| Tulissa Grandon at (786) 202-2310 Name of Person Area Code & Daytime Telepho | one Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | |
| □ \$25 Filing Fee | |

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. | Na | me of the limited liability company: Julissa's Jeweiry LLC |
|----------------|------------------------|---|
| 2. | (a) | 2880 NE 203 St. APt 12A Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 2880 NE 203 St. APt 12 A Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) |
| | | Building b (2nd Floor) Building b (2nd Floor) |
| | | Aventura, FL 33180 Aventura, FL 33180 |
| 3. | | August 22, 2019 Date of filing/registration in Florida 4. L19000214957 Document number |
| 5. | (a) | Legal Corp Solutions, LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | | 3440 W HOLLY WOOD BIND, Suite 415 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | | Hollywood Blue FL 33021 |
| | (b) | Ivens Lavalasse |
| | (") | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | | 1100 NE 125th street, Suite 216 |
| | | NEW Registered Office Address |
| | | |
| | | V , T |
| | | North Midmi FL 33/61 |
| the ag | e cha ent v as/w | imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. |
| | Signa | ture of a member and member Printed or typed name of signee |
| pr th to | ovisi e obi mer | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change. |
| 4 | gnatu | re of Registered Agent Living Your Dreams & Saving Money |

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