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COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CT: THE UNEMPLOYABLES, LL			
	Na	me of Limi	ited Lial	bility Company
Dear Sir	r or Madam:			
The enc	losed Registered Agent/Registered Of	fice Chang	e and fe	ee(s) are submitted for filing.
Please re	eturn all correspondence concerning th	nis matter t	o the fo	llowing:
JASO	N G BLILIE	·		_
	Name of Person			
THE L	AW OFFICE OF JASON G. BLI	LIE, PLL	C	_
	Firm/Company			
429 LE	ENOX AVENUE			
	Address			_
МІАМІ	BEACH, FL 33139			
	City/State and Zip Code			~
JASOI	N@BLILIELAW.COM			
	mail address: (to be used for future an	nual report	notifica	ition)
For furth	her information concerning this matter	, please ca	11:	
JASO	N G BLILIE	at (81	7	₎ 919-4110
	Name of Person			Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	g 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.

L Na	nme of the limited liability company: THE UNE	MPLOYA	BLES, LLC		
	54 S.E. 6TH AVE		(b) 54 S.E. 6TH AVE		
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing addres	s of limited liability company; Y BE POST OFFICE BOX)	
	DELRAY BEACH, FL 33483		DELRAY BEACH,	, FL 33483	
	06/12/2020		L20000163078		
3.	Date of filing/registration in Florida	4.	Document i	number	
5. (a)	BLILIE LAW				
, (u)	Registered Agent and Registered Office shown on the records	s of the Florid	a Dept. of State:		
	350 Lincoln Rd				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES.	<u></u>		
	Second Floor				
	Miami Beach	FL 33139	<u> </u>	7328 NOV	
(b)	JASON G BLILIE			20	
(0)	Enter name of NEW Registered Agent and/or NEW Registe	ered Office ac	<u>ldresş:</u>	Δ	
	THE LAW OFFICE OF JASON G. BLILIE	E, PLLC		PH 3: 11	
	NEW Registered Office Address:				
	429 LENOX AVENUE				
	MIAMI BEACH	_{.FL} 33139)		
change agent was/w was/w the art Signa I here provise the object	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and ligations of all statutes relative to the proper and completing to the proper an	the register d liability cors of the limited	ed office and the busine ompany, it is hereby contited liability company of liability company. JASON Printed or type tin this capacity. I furth	ss office of the registered affirmed that the change(s) or as otherwise provided in I G BLILIE ped name of signee there agree to comply with the	
nonjie	d in writing of this change.				
Signáti.	ure of Registered Agent				