## LZO 000 296843

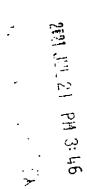
(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Lacinoso Limi, ritino,				
(Document Number)				
Certified Copies Certificates of Status				
[				
Special Instructions to Filing Officer:				

Office Use Only



300370081063

07/22/21--01010--012 \*\*25.00





## **COVER LETTER**

Division of Corporations						
Jillian Rose Events, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
	<b>;</b>					
Jillian McCarthy						
Name of Person						
Jillian Rose Events, LLC						
Firm/Company						
4273 Shadow Lane						
Address	<del></del>					
Niceville, FL 32578						
City/State and Zip Code						
jillian@jillianroseevents.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please	call:					
Jillian McCarthy 8	860 885-9993					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amoun	ıt:					
\$25 Filing Fee	S55 Filing Fee & Certified Copy					

## 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.

I. Na	ame of the limited liability company:	ts, LLC		
2. (a)	4273 Shadow Lane Niceville, FL 32578		b)	
z. (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)
	9/12/2020		L200002968	43
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Jillian McCarthy			. 22
2. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			2091 UII
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u> </u>
	4273 Shadow Lane	_		. PA
	Niceville, FL	32578		ن به
(b)	Jillian Higgins			
	Enter name of NEW Registered Agent and/or NEW Registered	Office at	ldress:	
	NEW Registered Office Address:			
	, FL	·	<del></del>	-
change igent v was/we	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	register ability ed of the lin limited	ed office and ompany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Xyenai	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl o mere ulifico	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If the writing of this change.	perform d för in (	ance of my a Chapter 605,	luties, and I am familiar with and accept F.S. Or, if this document is being filed
Signatu	re of Registered Agent			Dr. 34344

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