L20000299452

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ddress)				
(Cit	ty/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to	Filing Officer: J. HORNE J. 214 2021				
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Office Use Only



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2021 OCT 20 AM 1: 34 SECRETARY OF STAN



October 8, 2021

BRONWYN A JARDIN 17609 BUCKINGHAM GARDEN DR LITHIA, FL 33547 US

SUBJECT: SHELL-HOME BOOKS LLC

Ref. Number: L20000299452

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 521A00024478

COVER LETTER

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TO: Registration Section Division of Corporations					
SUBJECT: Shell-Home Books 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:					
rease return an correspondence concerning and matter to the ronowing.					
Bronwyn A. Jardin Name of Person					
Shell-Home Books, LLC Firm/Company					
17609 Buckingham Garden Dr. Address					
Lithia FL 33547 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Bronwyn Jardin at (478), 397-8635 Name of Person Area Code & Daytime Telephone Nun	— ıber				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Enclosed is a check for the following amount:					
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy					
INHISTS (2/14) (Check rec'd by you literal for corrected form)					

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.

suomus	the jouowing statement in order to change its reg	gisterea ojjic	e or registers	ea agent, or oom,	in the State of Florida.
1. Na	me of the limited liability company: <u>She</u>	11- Ho	ne I	Books	LLC
2. (a)	17609 Buckingham Garden Dr. Principal office address of limited liability company: (None: MUST BE STREET ADDRESS)	(t) <u>74</u>	address of lim (Note: MAY BE PO	ited liability company:
	Lidnia FL			Lidhia	FL
	33547				>3547
3.	9 22 20 20 Date of filing/registration in Florida	4.	<u>L20</u>	OGO299 Document numbe	452 r
5. (a)	United States Corporate Registered Agent and Registered Office shown on the record				
	Registered Office Address (MUST BE FLORIDA STRI	ration	Agen		
	5575 5, Semoran B	olva, 5	vite ?	6	
	Orlando	, FL <u>32</u> °	822		7 2
(b)	Bronwyn A. Jardin Enter name of NEW Registered Agent and/or NEW Registered		ldress:	·	FILED 2021 OCT 20 AM 1: 34 SECRETARY OF STAR
	Bronwyn A. Jardin NEW Registered Office Address:				
	17609 Buckingham Gar		<u>~</u>		PET PLEASE
	Lithia	.FL_33	547		
change agent w was/we	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membels of organization or the operating agreement of	e laws of the f the registere ed liability co ers of the lin	State of Flo ed office and ompany, it is nited liability	the business offi hereby confirmed company or as o	ce of the registered I that the change(s)
Signat	cure of a member or authorized representative of a member) Yonw	Jn A : J	a CdC
(I herel provision the oblition mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provive reflect a change in the registered office address I in writing of this change.	l agree to act	t in this capa ance of my d	city. I further agi	ree to comply with the miliar with and accept
Signatu	one of Registered Agent	_			

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