## 120000353334

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Onyrotate/2)p/i Hone #/					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## **COVER LETTER**

TO:

INHS18 (2/14)

	Registration Section Division of Corporations				
SUBJEC	DJ Enmanuel Live LLC				
	Name of Limited Liability Company				
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered (	Office Change ar	nd fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning	g this matter to th	ne following:		
Amelia C	Castro				
	Name of Person		<del></del>		
DJ Enma	nuel Live				
_	Firm/Company		<del></del>		
543 Glas	tonbury Drive				
	Address				
Orlando,	F1. 32825				
	City/State and Zip Cod	e	<del></del>		
info@dje	nmanuellive.com				
E-1	nail address: (to be used for future	annual report not	tification)		
For furth	er information concerning this mat	ter, please call:			
Amelia C	Castro	407 at (	2223514		
	Name of Person		Area Code & Daytime Telephone Number		
] ] ]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
ŀ	Enclosed is a check for the follow	ing amount:			
ĺ	\$25 Filing Fee		\$55 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

a)	543 Glastonbury Drive ,Orlando, Fl. 32825	(b)	543 Glastonbury Drive ,Orlando, FL 32825
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12.3.2021		1.20000353338
	Date of filing/registration in Florida	4.	Document number
a)	UNITED STATES CORPORATION AGENTS, INC.		
	Registered Agent and Registered Office shown on the records	of the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE		ra*
	5575 S. SEMORAN BLVD.SUITE 36ORLANDO, FL	32822	
	ORLANDO	FL 32822	
	Amelia Castro		1
)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	
	Fine hand of NEW Registered Agent and/or NEW Register	eu Onice auu	r <u>ess</u> .
			30 20
	NEW Registered Office Address:		
	543 Glastonbury Drive		
	(Advand).	20025	
	Criando	FL	
ige it w 'we	mited liability company is not organized under the or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the member of the organization or the operating agreement of the organization of the operating agreement of the organization or the operating agreement of the organization or the operating agreement of the organization of th	he registered liability com s of the limit	l office and the business office of the registe pany, it is hereby confirmed that the change ed liability company or as otherwise provid
ん	Mille	Ameil	a Castro
ati	ure of a member or authorized representative of a member		Printed or typed name of signee

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

Signature of Registered Agent