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(Re	questor's Name)						
(Ad	dress)						
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
	siness Entity Nan	no)					
(Bu	Siness Endry Ivan	ne)					
(Do	cument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						





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2021 DEC -6 PH 2: 45

C. BRUMBLEY DEC 21 2021

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	JUVILEE FL LLC		
		Name of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	following:
Victori	a Padron		
	Name of Person		
ZenBu	siness Inc.		
	Firm/Company		<u> </u>
5511 P	arkcrest Dr Ste 103		
	Address		
Austin	TX 78731		
	City/State and Zip Co	de	
fulfillm	nent@zenbusiness.com		
E	-mail address: (to be used for future	annual report notif	fication)
For fur	ther information concerning this ma	tter, please call:	
Victori	a Padron	844 at (493-6249
	Name of Person	a. (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 follow	ving amount:	
	□ \$25 Filing Fee	- s	555 Filing Fee & Certified Copy
INHS1	8 (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:	C						
2. (a)	7815 Royal Street East		(b)	РО Вох	681972			
4. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing addres	ss of limited l <i>Y BE POST</i> (•	
	A224			Park City	y, UT 84068			
	Park City, UT 84068	_						
	01/01/2021		I	.2000038:	2143			
3.	Date of filing/registration in Florida	4.	_	•	Document	number		
5. (a)	CT CORPORATION SYSTEM							
). (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida I	Dept. of Str	ate:			
	1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				r	~		
						₹1 ⁷ .	021	
	PLANTATION , FI	33324	ļ			• .	2021 DEC .	
(b)	ZenBusiness Inc.					ine	9-	
()	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:		1.1	PH 2	
	336 E. College Ave.						2:46	
	NEW Registered Office Address:	-						60
	Suite 301				<u></u>			
	Tallahassee , FI	_ 3230 1	l					
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of cles of organization or the operating agreement of the safe for authorized punch	regist ability of the l limite	erec con limit d list	l office a npany, it led liabil ability co on Quick	ind the busine is hereby con ity company ompany. Printed or ty	ess office of nfirmed that or as other ped name of	f the reg t the cha wise pro	istered unge(s) vided in
provisi the obl to mero notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide the proper acceptance in the registered office address, I if it writing of this change. The of Registered Agent	ree to a perfoi d for i hereby	act i mai n Cl i cor	n this cap nce of my napter 60 nfirm tha	pacity. I furt y duties, and i)5, F.S. Or, i it the limited l	her agree t I am famili f this docu liability cor	o comply ar with a nent is b npany h	y with the and accept eing filed as been