## 120 000 39Z 480

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

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations								
CUDII	DISCOVER JR LLC								
Name of Limited Liability Company									
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered C	Office Change a	nd fee(s) are submitted for filing.						
Please	return all correspondence concerning	this matter to the	ne following:						
JOLE	EN MORALES								
	Name of Person								
	Firm/Company		<del></del>						
409 W	EATHERSFIELD AVE								
	Address								
ALTA	MONTE SPRINGS, FL 32714								
	City/State and Zip Code	:							
joleen	rosecreative@gmail.com								
F	-mail address: (to be used for future a	nnual report no	tification)						
For fur	ther information concerning this matt	er, please call:							
JOLE	EN MORALES	252 at (	218-8581						
	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 followi	ng amount:							
	<b>□</b> \$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.

1.	Na	me of the limited liability company:  DISCOVER JR LI	LC							
	(a)	409 WEATHERSFIELD AVE ALTAMONTE SPRINGS,	I	(b)	409 WEA	THERSFIEL	LD AVE AL	TAMO	NTE SPRIN	
۵.	( <b>u</b> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  409 WEATHERSFIELD AVE	<del>-</del>			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  THERSFIELD AVE  NTE SPRINGS, FL 32714				
		ALTAMONTE SPRINGS, FL 32714	_	-	ALTAMOI					
		12/16/2020	_	L	20000392	2430				
3. 5	(a)	Date of filing/registration in Florida JOLEEN MORALES	4.	_		Document r	number	-		
3. (a)	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  3207 FORMOSA AVE APT A ORLANDO, FL 32804					• •	2		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3207 FORMOSA AVE APT A				-	<b>F</b> ] 2024 AUG 5			
		ORLANDO FL	32804			27				
	(b)	JOLEEN MORALES				_		PH 3:		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				-	: <b>00</b>			
		409 WEATHERSFIELD AVE								
		NEW Registered Office Address:			_	-				
		ALTAMONTE SPRINGS, FL	32714			-				
ch ag wa the	ange ent v is/we arn	or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable authorized member or authorized representative of a member	egiste ility o the li	red com mite	office and pany, it is ed liability bility com	d the busines s hereby con y company o ppany.	ss office of firmed that or as otherway	f the reg t the ch wise pro	gistered ange(s)	
Properties	herei ovisi obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided by reflect a change in the registered office address, I he thin writing of this change.	e to ac erform for in reby c	ct in nan Ch conj	this capa ce of my a apter 605, firm that t	acity I furth	ier aoree ta	o comn	ly with the and accept being filed has been	
Si	gnaty	re of Registered Agent								