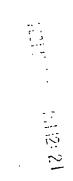
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Office Use Only



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COVER LETTER

FO: Registration Section Division of Corporations	
Jaramillo Above & Beyond Carpentry LLC SUBJECT:	
Name of Limited	d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Craig Jaramillo	
Name of Person	
Jaramillo Above & Beyond Carpentry LLC	
Firm/Company	
3126 Crab Trap Dr	
Address	
New Smyrna Beach, FL 32168	
City/State and Zip Code	
aboveandbeyondearpentrylle@gmail.com	
E-mail address: (to be used for future annual report n	
For further information concerning this matter, please call:	
Craig Jaramillo 386 at (871-4830
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 following amount:	
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

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FILING FEE: \$25.00