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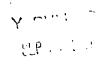
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
JESSIE MALIH LLC SUBJECT:		
	ne of Limited Liabil	ity Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(	s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the folio	owing:
Jessica Malih		
Name of Person		
JESSIE MALIH LLC		•
Firm/Company		
5617 University Blvd West	•	
Address		
Jacksonville, FL 32216		
City/State and Zip Code		
jessicmalih@gmail.com		
E-mail address: (to be used for future ann	ual report notificati	on)
For further information concerning this matter,	please call:	
Jessica Malih	904 at ( )	525-1163
Name of Person	<del>-</del>	rea Code & Daytime Telephone Number
Mailing Address:	<u>\$</u>	street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		he Centre of Tallahassee
Tallahassee, FL 32314		415 N. Monroe Street, Suite 810 allahassee, FL 32303
Enclosed is a check for the following	amount:	
Enclosed is a check for the following		
\$25 Filing Fee	<b>□ 3</b> 55 F	iling 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.

(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5617 University Blvd W	5617	University Blvd W
	Jacksonville, FL 32216		onville, FL 32216
	08/20/2021	L21000	0373837
	Date of filing/registration in Florida	4.	Document number
(a)	United States Corporation Agents, Inc.		
(a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	f State:
	United States Corporation Agents, Inc.		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	
	5575 S Semoran Blvd Suite 36		
	Orlando, F	FL 32822	
(b)	Jessica Malih		E TAILY OF STATE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	— mon w
	Jessica Malih		7ATE 39
	NEW Registered Office Address:	<del>-</del>	
	5617 University Blvd W		
	Jacksonville	FL <sup>32216</sup>	
ange ent v as/we	imited liability company is not organized under the loor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the State of the registered offic liability company of the limited lia	te and the business office of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in company.
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
herel ovisi e obl	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid tly reflect a change in the registered office address, t	e performance of led for in Chapter	my duties, and I am familiar with and acce 605, F.S. Or, if this document is being file