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COVER LETTER

| Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Julianne Gabriel Name of Person Julianne Gabriel LLC Firm/Company 1142 SW 242nd Terrace Address Newberry, Florida 32669 City/State and Zip Code juliannegabrielcollab@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julianne Gabriel Julianne Gabriel 352 3592276 | Julianne Gabriel LLC SUBJECT: | | | |
|---|--|--|--|--|
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| | Registration Section Division of Corporations P.O. Box 6327 | Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | |
| ■ \$25 Filing Fee | 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.

| 1. N | ame of the limited liability company: Julianne Gabriel | LLC | | | |
|--------------------------------------|--|---|--|---|--|
| 2. (a) | 1142 SW 242nd Terrace | · · | (b) 1142 SW 242nd Terrace | | |
| (11) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Newberry, Florida 32669 | | Newberry. | Florida 32669 | |
| | 03/22/2023 | | 1.220001472 | 34 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | United States Corporation Agents, Inc. | | | | |
| <i>5.</i> (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State 476 Riverside Ave. | | | · : | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | Jacksonville FI | 32202 | 1.1 - | | |
| (b) | Iulianne Gabriel | | | | |
| (11) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | • | |
| | 1142 SW 242nd Terrace | | | | |
| | NEW Registered Office Address: | | | | |
| | Newberry | 32669 L | | | |
| | }. | | | | |
| change agent was/w | limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | register ability co of the lin limited | ed office and ompany, it is nited liability liability com | I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| Sinns | ature of a member or authorized representative of a member | Juli: | anne Gabriel | Printed or typed name of signee | |
| I here provis the ob to mer | who have the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ligations of my position as registered agent as provide levely reflect a change in the registered office address. It is writing of this change. | ree to act perform d for in (hereby c | in this capa ance of my a Chapter 605, onfirm that t | city - I further agree to comply with the | |
| | Julianne Gabriel | | | | |
| Signati | are of Registered Agent | | | | |