L22000499465

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

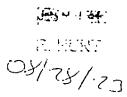
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Contract Junction LLC		
30131		lame of Limited L	iability Company
Dear S	r or Madam:		
The en	closed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
Sheldor	Andre		
	Name of Person		<u> </u>
Contrac	t Junction LLC		
	Firm/Company		
37100 (Old Conners Highway		
	Address		
Canal P	oint FL 33438		
	City/State and Zip Code	٠	<u> </u>
Sheldor	.andre@gmail.com / Sheldon@Bluewate	erholdinggroup.net	
E	-mail address: (to be used for future a	nnual report notif	īcation)
For fur	ther information concerning this matter	er, please call:	
Sheldor	Andre	561 at (951 5352
	Name of Person	= 11 (Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
P.O. Box 6327			The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
			. ananasocci i i seovs
	Enclosed is a check for the following	ng amount:	
	■ \$25 Filing Fee	□ s	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.

I. Na	me of the limited liability company:	LLC				
2. (a)	37100 Old Conners Highway	(b)	37100 Old Conners Hig	hway		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Canal Point FL 3438		Canal Point FL 33438			
	11/28/2022	 L	22000499465			
	Date of filing/registration in Florida	4.	Document n	umber		
. (a)	Daborah Welch					
` '	Registered Agent and Registered Office shown on the records of 37100 Old Conners Highway	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET)					
	Canal Point , FI.	33438		อเพรียกซี d 2023 AUG		
	Andre Sheldon			2 ° %		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			8 931		
	37100 Old Conners Highway			PM12: 40		
	NEW Registered Office Address:		6			
	Canal Point	33438				
hange gent w vas/we ne arti	or changes are made, the Florida street address of the vill 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	registered ability com of the limit limited lia	office and the busines pany, it is hereby confed liability company o bility company.	s office of the registered firmed that the change(s) r as otherwise provided in		
Signal	ure of a member or authorized representative of a member	<u>5</u>	HELPON AND	RE ed name of signer		
l herel provision he obli o mere otified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been also change.	vee to act is	this capacity. I furth	er agree to comply with the		