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Document Number)							
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NAME: JULIE VERS CONSULTING ENGINEERING LLC

TYPE OF FILING: CHANGE OF RA

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations							
Julie Vers Consulting Engineering LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Julie Vers							
Julic Vers Consulting Engineering LLC							
Firm/Company							
410 Evernia Street #323							
Address							
West Palm Beach, FL 33401							
City/State and Zip Code							
julie.vers@jvcengineering.com							
E-mail address: (to be used for future annual report	rt notification)						
For further information concerning this matter, please ca	all:						
	31 214-38087						
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 following amount	:						
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						
P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

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.

l.	Na	me of the limited liability company: Julie Vers Consulti	ng En	gine	ering LLC	·		
2.	(a)	224 Almeria Road		(b)	224 Alı	meria Road		
-	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	` /.		Mailing address of limite (Note: MAY BE POS		
		West Palm Beach, FL	_	_	West Pal	m Beach, FL		
		33405	_	_	33405		<u>.</u>	
		4/11/2023		L	23000179	955		
3.		Date of filing/registration in Florida	4.	_		Document number		
5.	(a)	Julie Vers						
	()	Registered Agent and Registered Office shown on the records of the	ie Flor	iđa D	ept. of Stat	te:		
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	<u>(S.S.)</u>				
		410 Evernia Street #323				_		
		West Palm Beach , FL	33401		_	_	2023 SE TAL	
	(1.)	Julie Vers					CARE #	77
	(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office	addr	ess:	_	2023 HAY 10 PH 12:	ED
		NEW Registered Office Address:				_	· 2	
		224 Almeria Road				_	·	
		West Palm Beach , FL	33405			_		
chag ag	ange ent v is/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability	egiste pility the l imited	ered com imite d lial	office an pany, it i ed liabilit bility con	d the business office s hereby confirmed t y company or as other	of the registered hat the change(s)	l)
_	Sional	ture of a member or authorized representative of a member	Ju —	lie V	crs	Printed or typed name of	of signer	
pro the to no	herei ovisi e obl mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	e to a erfor for in ereby	ict in man i Chi conj	this cap ce of my apter 605 firm that	acity I further agree	e to comply with	the cept iled n