## Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE JULAFULLCREATIONS LLC

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## 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.

of limited liability company:  **BE POST OFFICE BOX**)  umber
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Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

strella Tavarez Estrella Tavarez, Special Secretary Signature of Registered Agony