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COVER LETTER

Division of Corporations JaneWHoward LLC	
SUBJECT: Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Jane W Howard	
Name of Person	
Firm/Company	
10038 Honey Tree Court	
Address	
Orlando, FL 32836	
City/State and Zip Code	
janewhoward63@gmail.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	n:
Jane W Howard 40" at (at (7 902-7522
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

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.

(a)	Jane W Howard		(b)	loward		
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	10038 Honey Tree Ct	_	10038 Ho	ney Tree Ct		
	Orlando, Florida 32836		Orlando,	Florida 32836		
	November 13, 2023		L23000478	3664		
	Date of filing/registration in Florida	4.	-	Document number		
(-)	United States Corporation of Agents, INC					
(b)	Registered Agent and Registered Office shown on the records of	he Floi	ida Dept. of Sta	ite:		
	United States Corporation of Agents, INC					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	476 Riverside Avenue					
	Jacksonville . FL	32202		202		
	Jane W Howard					
	NEW Registered Office Address:			SFATE LORIDA		
	10038 Honey Tree Ct		· · · · · · · · · · · · · · · · · · ·	- Dm F		
	Orlando , FL	32836	1			
ange ent v as/we e arti Signa here ovisi e obl	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable and an affirmative vote of the members of icles of organization or the operating agreement of the ture of amember or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is din writing of this change.	regist ability of the i limite	ered office a company, it imited liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. One House Printed or typed name of signee		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00