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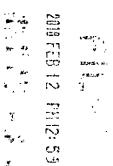
(Requestor's Name	е)
(Address)	
(Address)	
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Number	er)
Certified Copies Certificat	tes of Status
Special Instructions to Filing Officer:	

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TEB 13 NITH RIS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JULIANA INVESTMENT	S, LLC			
		ability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning thi	is matter to the	following:		
Trease retain an correspondence conserving				
Judi Anguiano				
Name of Person				
Neveda Carpareta Haadayartara				
Nevada Corporate Headquarters Firm/Company	-	_		
5605 Riggins Court, Ste 200				
Address				
Reno, NV 89502	ř	•		
City/State and Zip Code	•	_		
				
E-mail address: (to be used for future ann	ual report notif	ication)		
For further information concerning this matter,	please call:			
Judi Anguiano	at (<u>800</u>	542-2077		
Name of Person	\	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations	Re Di	MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		D. Box 6327 Ilahassee, Florida 32314		
Enclosed is a check for the following	amount:			
□ \$25 Filing Fee	□ \$5	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.

1. N	ame of the limited liability company: JULIANA	A INVE	STM	IENTS, L	LC		
2. (a)		(b)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
			417000	2002672			
2	03/28/2017		717000	0002673	1	· · · · · · · · · · · · · · · · · · ·	
3.	Date of filing/registration in Florida	4.		Document nun	nber		
5. (a)				_			
	Registered Agent and Registered Office shown on the records of	f the Florida I	Dept. of Sta	te:			
	1200 SOUTH PINE ISLAND ROAD			_			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	
				_		- 100g	
	PLANTATION, FL FI	L33324			±	(II) ####	
				_	49 49	10 9	
(b)	Registered Agents Inc.			_		-0 / ·	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addı	<u>'ess</u> :		Æ	ा <u>।</u> रुख	
	3030 N. Rocky Point Dr.				1	្តភ មា	
	NEW Registered Office Address:			_			
	STE 150A			<u></u>			
	Tampa _{,FI}	_33607					
	/			- 	~	1.1 . 2	
the cha agent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members	f the regist iability cor of the limit	ered offic npany, it ed liabili	ce and the busing is hereby confirm ty company or a	ess office of med that th	of the registere ne change(s)	
the art	icles of organization or the operating agreement of the		=		_	•	
	pure of a member or authorized representative of a member		nn R	Blackbun Printed or typed	name of sign	<u>CEO/OWNE</u>	
I here provis the ob to mer	y by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act i e performa ed for in Ci hereby coi	n this cap nce of my hapter 60 nfirm thai	pacity I further	agree to c	omnly with th	
	Bill Havre - Assistar	at Sacrati	317				