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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

INHS18 (2/14)

| TO: Registration Section Division of Corporations | | | | | | | |
|---|----------------------|--------------------------------------|--|--|--|--|--|
| SUBJECT. | JTK CONSUL | TANTS LLC | | | | | |
| UBJECT: Name of Limited Liability Company | | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered | Office Change an | d fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning | g this matter to the | e following: | | | | | |
| JAHAN L CULBREATH | ŀ | | | | | | |
| Name of Person | | | | | | | |
| JTK CONSULTANTS I | LLC | | | | | | |
| Firm/Company | | | | | | | |
| 331 CLEVELAND ST., APT 103 | | | | | | | |
| Address | | | | | | | |
| CLEARWATER, FL 33755 | | | | | | | |
| City/State and Zip Cod | de | | | | | | |
| JI.CULBREATH@ME.COM | | | | | | | |
| E-mail address: (to be used for future | annual report noti | ification) | | | | | |
| For further information concerning this mat | tter, please call: | | | | | | |
| JAHAN L CULBREATH | 937 at (| 304-9745 | | | | | |
| Name of Person | (| 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 | | | | | |
| Enclosed is a check for the follow | ing amount: | | | | | | |
| ■ \$25 Filing Fee | - 5 | \$55 Filing Fee & Certified Copy | | | | | |

STATÉMENT 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.

| 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) | | |
| | 9331 CLEVELAND ST., APT 103 | | 331 CLEV | VELAND ST., APT 103 | |
| | | | | | |
| | CLEARWATER, FL 33755 | | CLEARW | /ATER, FL 33755 | |
| | AUGUST 6, 2020 | | 1.20000238 | 624 | |
| | Date of filing/registration in Florida | 4. | | Document number | |
| i. (a) | UNITED STATES CORPORATION AGENTS, INC | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of CHEYENNE MOSELEY, US. CORP AGENTS | of the Florid | la Dept, of Sta | te: | |
| | Registered Office Address (MUST BE FLORIDA STREET | | <u>:Sj</u> | | |
| (b) | 5575 S. SEMORAN BLVD., SUITE 36 | | | | |
| | ORLANDO, F | L_32882 | | | |
| | JAHAN I. CULBREATH | | | 27 P | |
| | Enter name of NEW Registered Agent and/or NEW Registere | - CO | | | |
| | JAHAN L CULBREATH | | | 9 LL ORIDA | |
| | NEW Registered Office Address: | | | _ _ | |
| | 331 CLEVELAND ST., APT 103 | | <u> </u> | _ | |
| | CLEARWATER , F | L_33755 | | | |
| hange gent v vas/wo he arti | imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liest authorized by an affirmative vote of the members cless of organization or the operating agreement of the ture of a member or authorized representative of a member obvious of all statutes relative to the proper and complete ignitions of my position as registered agent as provide the reflect a change in the registered office address, I discussion to the complete of the change in the registered office address, I discussed the change in the registered office address, I | e register iability e- of the lir e limited JAI | red office an ompany, it is inited liabilit liability con- | ad the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany. BREATH Printed or typed name of signee | |

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

INHS18 (2/14)