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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

告ばEmail Address:

\*\*Enter the email address for this business entity to be used for future 🗲 annual report mailings. Enter only one email address please.\*\*

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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.

l. N	ame of the limited liability company: St. John's Jewelry	/ LLC	
2. (a)		(b)	
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2925 Corinthian Ave	2925 C	Corinthian Ave
	Jacksonville FL 32210	Jackso	nville FL 32210
	05/23/22	L220002	237559
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
(11)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	JACKSONVILLE FIL	32202	<del></del>
(b)	Registered Agents Inc		TF: 20
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	P I
	7901 4th St N		HAY -8 P
	NEW Registered Office Address:		S & T
	STE 300		
	St. Petersburg, FL	33702	FILED 2025 HAY -8 PH 12: 46 TALLAHASSEE FLORIDA
the cha agent was/was/wasthe art	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an aftirmative vote of the members cicles of organization or the operating agreement of the	the registered of ability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and aggions 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, L. d in writing of this change.  David Roberts - Assistant Se	performance of i d for in Chapter hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
	ire of Registered Agent	•	