L22000417342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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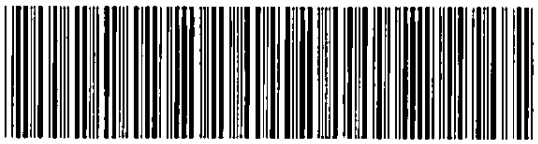

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2023 OCT -3 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JCRA Ventures LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON AMATO
Name of Person

JCRA Ventures LLC
Firm/Company

100 E. LAS OLAS BLVD, UNIT 3004
Address

FORT LAUDERDALE FL 33301
City/State and Zip Code

JASON.AMATO26@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON AMATO at (312) 882 1096
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee

☐ $55 Filing Fee & Certified Copy

PAID - SEE LETTER ENCLOSED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2023

JASON AMATO
100 E. LAS OLAS BLVD
UNIT 3004
FORT LAUDERDALE, FL 33301

SUBJECT: JCRA VENTURES LLC
Ref. Number: L22000417342

We have received your document for JCRA VENTURES LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: ~~323A00019790~~

SEE ENCLOSED

RECEIVED
2023 OCT -3 AM 9:59

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. Name of the limited liability company: JCRA Ventures LLC

2. (a) 100 E LAS OLAS BLVD
Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

UNIT 3004

FORT LAUDERDALE FL 33301

(b) 100 E LAS OLAS BLVD
Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

UNIT 3004

FORT LAUDERDALE, FL 33301

3. 09/26/22
Date of filing/registration in Florida

4. L22000417342
Document number

5. (a) UNITED STATES CORPORATION AGENTS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S SEMORAN, SUITE 36
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

ORLANDO, FL 32822

(b) Registered Agents Inc
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7901 4th St N
NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

JASON AMATO
Printed or typed name of signee

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 605, 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.

David Roberts

David Roberts - Assistant Secretary

Signature of Registered Agent

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