# L24000 095 266

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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ZOZUNAR 20 PH 1: 20 SECRETARY OF STATE

## 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.

	•			
i. N	ame of the limited liability company: Queen	Jens	Caribbear	store
2 (a)		(h)		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of lim	ited liability company: DST OFFICE BOX)
	8550 Meadow Springs Dr		550 Meado	w springs b
	Jackson Ville, FL 32210		SCKsanville	, FL 37710
	02/23/2024	Li	24000095	266
3.	Date of filing/registration in Florida	4.	Document numbe	г
	Zen Business Inc  Registered Agent and Registered Office shown on the records of t  336 E. College Ave su  Registered Office Address MUST BE FLORIDA STREETA  336 E. College Ave s  Tallahassee FLORIDA STREETA  Tallahassee FLORIDA STREETA	Office address:	<u>/</u>	2024 HAR 20 PM 1:21 SECRETARY OF STATE
	NEW Registered Office Address:  8550 Meadow 5 prings  Jackson Ville FL	Dr		
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of	registered offic bility company f the limited lia	ce and the business office, it is hereby confirmed ability company or as of	ce of the registered I that the change(s)

7	The Day of Hos				
Jenite Rever Hopen	Jenite (eqi) nopson				
Signature of a member or authorized representative of a member	Printed or typed name of signed				

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.

Reyer enite Signature of Registered Agent

### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Queen Jen's Caribbean Store 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:			
Jenite Resis Hopson Name of Person			
Queen Jen's Caribbean Storc Firm/Company	.c. F	J	
8550 Meadow Springs Dr Address	SECRETARY OF STATE TALLAHASSEE, FL	กวเ.ห&R 20	***
JACKSon Ville, FL 37710  City/State and Zip Code	Y OF STA	PH 1: (	
Tenteregis @ 9mail (om E-mail address: (tobe used for future annual report notification)	rri rri	2	
For further information concerning this matter, please call:			
Jenite Regis Hopson at (941) 822-3157  Name of Person Area Code & Daytime Telephor	ne 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:

S25 Filing Fee

☐ \$55 Filing Fee & Certified Copy