Division of Corporations

## Florida Department of State Division of Corporations Executorite Filting Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

N 10: 28

Email;	Address:	
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(C-2)		

## LLC REGISTERED AGENT CHANGE BACCENDJEWLS LLC

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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.

1. N	ame of the limited liability company: BACCENDJEWLS	LLC		
2. (a)	1810 Bertha St	(b) 1810 Bertha St		
2. (#)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Apt 224	Apt 224		
	Jacksonville FL 32207	Jackson	ville FI 32207	
	03/10/25	L2500011	7842	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ZENBUSINESS INC.			
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of S	tate:	
	336 E. COLLEGE AVE.			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<del></del>	
	SUITE 301			
	TALLAHASSEE	32301		
	Registered Agents Inc			
(h)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		1·5'	
		, <del></del>		
	7901 4th St N		_	
	NEW Registered Office Address:			
	STE 300		' j ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
	St. Petersburg FL	33702		
the cha agent v was/wa the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered off ability company, i f the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
Signa	Rubin Janey ture of a member or authorized representative of a member		Printed or typed name of signee	
I here provisi the obi to mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	performance of m I for in Chapter 6 sereby confirm the	apacity. I further agree to comply with the by duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
	David Roberts - Assistant Se	ciclary		