## SIGNATURE: JULIAN FANT Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

# The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

## Α

Title	AMBR	Title	AMBR
Name	FANT, JULIAN E III	Name	FANT, LAUREN L
Address	1877 AVONDALE CIR	Address	1877 AVONDALE CIR
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE FL 32205

Electronic Signature of Registered Agent					
Authorized Person(s) Detail :					
ītle	AMBR	Title	AMBR		

Name and Address of Current Registered Agent:	

**1877 AVONDALE CIR** JACKSONVILLE, FL 32205

## **Current Mailing Address:**

DOCUMENT# L15000179836

**Current Principal Place of Business:** 

**1877 AVONDALE CIR** JACKSONVILLE. FL 32205

## FEI Number: 81-0906032

#### .. . . . . . . .

Entity Name: 111A SOUTH GADSDEN STREET, LLC

HAY, JONATHAN L 1548 LANCASTER TERR JACKSONVILLE, FL 32204 US

## FILED Feb 02, 2024 Secretary of State 4965131919CC

Certificate of Status Desired: No

02/02/2024

Date

Date