## 

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





05/09/24--01021--007 \*\*25.00



## COVER LETTER

JACK CONSTRUCTION LLC SUBJECT:	
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Matthew S. McRoberts	
Name of Person	
Nelson Mullins Riley & Scarborough	
Firm/Company	
5811 Pelican Bay Boulevard, Suite 204	
Address	<del></del>
Naples, FL 34108	
City/State and Zip Code	
matthew.mcroberts@nelsonmullins.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Matthew S. McRobertsat	239 325-0416
Name of Person	Area Code & Daytime Telephone 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 amou	int:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy

## 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: JACK CONSTR				<del></del>		
2. (a)		(	(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of May B.	f limited liability E POST OFFIC		
	27110 Enclave Drive		27	110 Enclave Drive			
	Bonita Springs, FL 34134		Bo	nita Springs, FL 34134			
	10/02/2018		1.060	000121664			
3.	Date of filing/registration in Florida	4.		Document nui	mber		
5. (a	Matthew S. McRoberts						
2. ()	Registered Agent and Registered Office shown on the records o 8625 Tamiami Trail North, Suite 202	. of State:	<b>-</b> 2				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2024 HAY TO PM 2: 33 SECREMENT OF STATE TALLOWERS TO SECREMENT OF STATE OF	N	
(b)	Naples, F	L_34108					
	JACQUES DEBLOIS				PH 2:		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			:	원. 원. 33		
	27110 Enclave Drive						
	NEW Registered Office Address:						
	Bonita Springs, F	L 34134	<u>-</u>	<del></del> _			
chang agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of aganization or the operating agreement of the acquirement of the late.	aws of the registe in the lity of the lite in the lite	e State red of compa mited liabil	e of Florida, it is herel fice and the business on ny, it is hereby confir liability company or a ity company. Deblois, Member	office of the romed that the cas otherwise p	egistered hange(s)	
Sign	ature of a member or authorized representative of a member			Printed or typed	name of signee		
provis the ob to mei	ply accept the appointment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to ac ? perforn ?d for in hereby c	et in th nance Chapt confiri	is capacity. I further of my duties, and I an ter 605, F.S. Or, if th n that the limited liab	agree to com n familiar with is document is ility company	ply with the i and accept being filed has been	
Signat	ure of Registered Agent						