## L09000115188

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(//u	u(c33)	
(Cit	y/State/Zip/Phone #	1
_	_	_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Mame)	
(50	3/1033 E(HIT) (141/10)	
(Do	cument Number)	
a is diCopies	Certificates	of Status
· <del>- · · · · · · · · · · · · · · · · </del>		<del></del>
Secrat Instructions to Filin	ig Officer:	
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Office Use Only

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	:	12000000	0195
		REFERENCE	:	545296	8407345
		AUTHORIZATION	:	1 X A	
		COST LIMIT	: : 	\$ 25.00	ena
ORDER D	ATE :	March 2, 2023			
ORDER T	IME :	1:35 PM			
ORDER N	0. :	545296-005			
CUSTOME	R NO:	8407345			
		CHANGE OF A	AGEN	<u>T</u>	
1	NAME:	JNA, LLC			
		THE FOLLOWING AS	5 PR	OOF OF FI	LING:
		FIED COPY STAMPED COPY			
CONTACT	PERSON	N: Eyliena Baker		EXT#	

EXAMINER:

## COVER LETTER

JNA, LLC		
SUBJECT:	Name of Limited Lial	bility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Reg	istered Office Change and fe	e(s) are submitted for filing.
Please return all correspondence cor		
ricase return an correspondence cor	icerning mis matter to me to	
Mark Wollschleger		
Name of Pe	erson	_
JNA, LLC		
Firm/Comp	any	_
1635 Commons Parkway		
Address	<del></del>	_
Macedon, NY 14502		
City/State and	Zip Code	_
mwollschleger@izzo.com		
E-mail address: (to be used for	r future annual report notific	ation)
For further information concerning	this matter, please call:	
Mark Wollschleger	315 at (	538-9126
Name of Person	at (	Area Code & Daytime Telephone Numbe
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	e following amount:	
□ \$25 Filing Fee	<b>□</b> \$55	5 Filing Fee & Certified Copy
INHS18 (2/14)		

## 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. Na	ame of the limited liability company: JNA, LLC		
		(	(b)
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	16395 Brookfield Estates Way		16395 Brookfield Estates Way
	Delray Beach, FL 33446	_	Delray Beach, FL 33446
	12/03/2009		L09000115188
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (41)	Registered Agent and Registered Office shown on the records of	the Floric	da Dept, of State:
	Bruce Dan		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>ss</u>
	16395 Brookfield Estates Way		7023 HAR
	Delray Beach	33446	
	,rı		
(b)			
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	address: o o
	Corneration Service Company		÷ 00
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee Fi	32301	
change agent v was/we the arti	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age.	e register ability coof the lir limited Ma	company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.  ark Wollschleger  Printed or typed name of signce

Signature of Registered Agent