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To:						
	Division of Corporations					
	Fax Number : (850)617-6383					
From:						
	Account Name : REGISTERED AGENT SOLUTIONS INC					
	Account Number : I20100000062					
	Phone : (888)705-7274					
	Fax Number : (888)706-7274					
•Enter	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**					
	ail Address:					

LLC REGISTERED AGENT CHANGE JRO CONSULTING SERVICE LLC

Certificate of Status	0
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JUN 16 2022

M. SOLOMON

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COVER LETTER

TO: Registration Section

Joshua Murphy

Division of Corporations

JRO CONSULTING SERVICE LLC

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:

Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
	N 04 400

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Murphy

at (

705-7274

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

2022 JUN 16 PH 3: 3:

INHS18 (2/14)

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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.

. Name of the limited liability company:	JRO CON	SULTING	SERVIC	E LLC	
Principal office address of limited li (Note: MUST BE STREET.	ability company:	(b)	Mailing addi	ress of limited liability comp	any:
(Sole: MOST BE STREET)	177KISS ((.1012		<u> </u>
6/24/2014			00010076	63	
Date of filing/registration i	n Florida	4.	Documer	nt number	
(a)					
Registered Agent and Registered Office sho	own on the records of	the Florida Dept. of	'State:		
Registered Office Address (MUST BE	FLORIDA STREET	ADDRESS)			2(
		<u>-</u>			NOC 820
	, FL				
) () -1	9
(b) Registered Agent Solu				<u>ئ</u> ۔ تا	7
Enter name of NEW Registered Agent and	l/or NEW Registere	d Office address:			ယ့
155 Office Plaza Dr.				:	39
NEW Registered Office Address:					
Suite A		<u></u>			
Tallahassee	, Fl	32301			
the limited liability company is not organe change or changes are made, the Floridgent will be identical. Or, in the case of a as/were authorized by an affirmative vote articles of organization or the operating	a street address o Florida limited l of the members	I the registered of lability company of the limited lia	office and the t, it is hereby of bility compan	business office of the re confirmed that the chan	gister ge(s)
Michele Jette		Michele .		Authorized P	ersor
Signature of a member or authorized representative				r typed name of signee	
hereby accept the appointment as registe rovisions of all statutes relative to the properties of my position as registered of merely reflect a change in the registered of this change.	per and complete Lagent as provid Loffice address, l	o mertarmance a:	novabilities an	nd Lom fomilior with an	а ассы
Mackenzie Hart	ASSE SECIETALY				