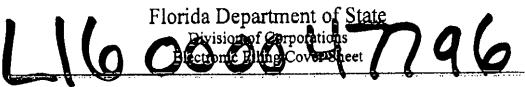
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Division of Corporations



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	Division of Corporations	SSE
	Fax Number : (850)617-6383	i.u.
From:		<u></u>
	Account Name : DELOACH, HOF5TRA & CAVONIS,P.A. Account Number : I19990000123	
	Phone : (727)397-5571	
	Fax Number : (727)393-5418	
Enter an	the email address for this business entity to be used fo nual report mailings. Enter only one email address pleas	or future e.
Em	ail Address:	
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C. BRUMBLEY OCT 19 2022

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Help

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.	Na	ame of the limited liability company: JITHOMPSON I	LLC						
2.	(a)	2271 LAKE ARBOR BLVD., CLEARWATER FL 33763 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b) <u>227</u>		E ARBOR BLV failing address of (Note: MAY BE	lunited liebili	ty compar	ıy:
3.		MARCH 7, 2016 Date of filing/registration in Florida ANNETTE DUCHESS	- - 4.	L160	0004779 I	96 Document num	nber		
5.	(a)	Registered Agent and Registered Office shown on the records of t	hs Flori	da Dept.	of State:	:			
		Registered Office Address (MUST BE FLORIDA STREET A 227! LAKE ARBOR BLVD CLEARWATER, FL	DDRESS) 33763				2022 OCT 18		
	(b)	DeLOACH, HOFSTRA & CAVONIS, P.A. Enter name of NEW Registered Agent and/or NEW Registered Office address:					Y OF STATE SSEE, FL	PH 2:21	ED
		NEW Registered Office Address: 8640 SEMINOLE BLVD.							
		SEMINOLE, FL	33772						
ch ag we the	ange ent v is/we arti <u>MMC/</u>	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law	registe bility of f the li limited	red off compar mited l l liabili	ice and by, it is lability by comp E DUCI	the business of hereby confirm company or a pany.	office of the med that the s otherwise	register change provide	ea (s)
pr the to no	herei oviși e obl mere tified	the of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete plantions of my position as registered agent as provided ely reflect a chappe in the registered office address, I have in writing of this change.	ee to a perfori for in ereby	ct in thi nance c Chapt confirn	is canac	city I further	agree to co	molv wii	th the accept gliled een
Si	gnatu	Division of Corporations • P.O. E			illahass	see, FL 32314			

INHS18 (2/14)