Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000226822 3)))



H230002268223ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

िस्ति Address:

the email address for this business entity to be used for future amnual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2825 JOCKEY CIRCLE WEST LLC

T. LEMIEUX

JUN 2 7 2023

Electronic Filing Menu Corporate Filing Menu

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.

	ame of the limited liability company: 2825 JOCK		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/01/2016		000200685
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	PINZON, MARIA		
	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:
	2943 SW COLLINGS DR.		
	Registered Office Address (MUST BE FLORIDA STREET	<u>r Address)</u>	
			~~
	PORT SAINT LUCIE , F	L_34953	
	Designated Agrants Inc.		^ t
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	<u> </u>
			T C
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		<u>-</u>
	St. Petersburg, F	T_ 33702	The state of the s
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the first street and the content of th	of the registered liability compan of the limited li	office and the business office of the registere y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
سر <i>ر \</i> /	ture of a member or authorized representative of a member	Robin Jo	Printed or typed name of signee
		araa to ast in thi	.,
provisi the obl to meri	by accept the appointment as registered agent and accept ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to act in thi e performance o led for in Chapte I hereby confirm	s capacity. I jurther agree to comply with the of my duties, and I am familiar with and accept to 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent

ન્છંગ્લાંક David Roberts - Assistant Secretary