## U11000044320

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:  J. HORNE  APR 25 2024						





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04/16/24--016€7--017 ₩25.00



April 10, 2024

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Ref: Jadico LLC

Document Number: L17000044220

Dear Sir/Madam,

Please see the attached paperwork for a change of address for our LLC. I thought I changed everything to our new address but somehow failed to change the Registered Agent and both Title Managers, myself and my wife, Jane E Diedam.

All should read: 3930 Pinebrook Cir. #8 Bradenton, FL 34209

Any questions, please let me know.

Kind regards,

John R Diedam 317 709-9796

jrdiedam@att.net

## 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:					
2. (a)	930 Pinebrook Cir #8			3930 Pinebrook Cir #8		
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)	
	Bradenton, FL 34209			Bradenton,	FL 34209	
	02/28/2017		ı	.170000442	220	
3. 5. (a)	Date of filing/registration in Florida  John R Diedam	4.			Document number	
5. (a)	Registered Agent and Registered Office shown on the records of John R Diedam	the Flo	rida	Dept. of State	 e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4330 Pinebrook Cir #11 (old Address)					
	Bradenton, FI	34209	2024 APR			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				FILED PRIG PH 4: 28 ENERGY STAIL	
	NEW Registered Office Address: 3930 Pinebrook Cir #8					
	Bradenton . FI	34209	)		_	
change agent was/w the art	imited 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 liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the limite	ere cor limi d li	d office and npany, it is ted liability ability com	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Siena	iture of a member or authorized representative of a member	J 	01111	K Diedam,	Printed or typed name of signee	
I here provis the ob-	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to perfor d for i hereby	act rma n C	in this cape nce of my c hapter 605 nfirm that i	acity. I further garee to comply with the	
<u> </u>	L ,1 CL-1 ure of Registered Agent					

## **COVER LETTER**

Proceedings   Registration Section Division of Corporations	
Jadico LLC	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
John R Diedam	
Name of Person	<del></del>
Jadico LLC	
Firm/Company	<del></del>
3930 Pinebrook Cir #8	
Address	
Bradenton, Florida 34209	
City/State and Zip Code	
jrdiedam@att.net	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	ill:
John R Diedam 31	7 709 9796
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 amount:	:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)