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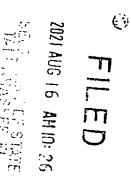
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Harney
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: FirstmindDBS Name of Limited Li	ability 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 f	ollowing:						
Greshondra Shellman Name of Person	_						
Firm/Company	_						
7901 Baymeadows Cir E 430							
Jacksonville Fl 31256 City/State and Zip Code	_						
E-mail address: (to be used for future annual report notific	action)						
For further information concerning this matter, please call:							
Greshondra Shellman at (9)h	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:							

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

l. Na	me of the limited liability company: Firstm	ind D	RS		
2. (a)		218 (b) 113	Mailing Address of lin	nited liability	, .
	GS 04/03/2017	- <u> </u>	170000739	L(
3.	Date of filing/registration in Florida	4.	Document number	er	
5. (a)	Jani King of Jacksonville				
	Registered Agen and Registered Office shown on the records of the	ne Florida Dept. of	State:		
	5700 St. Augustine Rd			20	હોં
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		021 AUG 16	
		<u>. </u>	···	OU	1
	Jacksonville .FL	31201	7	, 5	i
	A la contraction of the contract	<u> </u>		<u> </u>	M
(b)	Greshondra Shellman		در ۱۰:۱:	AH IO: 25 Of STATE	J
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	 :	当に	
	1112 5 . 51				••
	113 Easy Dt				
	NEW Registered Office Address:				
	×	0.00.14			
	<u>Cachenuile</u> . FL	32818			
If the li	mited liability company is not organized under the laws	s of the State of	`Florida, it is hereby o	confirmed	that after the
change	or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab	egistered office	and the business offi	ice of the r	egistered
was/we	re authorized by an affirmative vote of the members of	the limited liab	oility company or as o	therwise p	rovided in
the arti	elps of organization or the operating agreement of the li			~1 n	
Signat	ure of a member or authorized representative of a member		25hond ca	<u>>he//</u>	man
-	y accept the appointment as registered agent and agree		<i>,</i> ,	~	
provision obli	ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. The	erformance of i for in Chapter	ny duties, and Lam fa 605 ES On it die a	miliar with	h and accept e haina filad
to mere notifico	ly reflect a change in the registered office address. The In writing of this change.	reby confirm th	at the limited liability	v company	has been
	Marie Change				
Signatur	of Registered Agent				