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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

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

Email Address: LLC REGISTERED AGENT CHANGE JAKE STEELE ENTERPRISES, LLC Certificate of Status 0 Certified Copy 02 Page Count \$25.00 Estimated Charge

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T. LEMIEUX 서부 - 1 2022

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 lia | pility company: JAKE | STEELE | ENTERPRIS | ES, LLC | |
|---|---|--|--|--|--|
| • | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| 06/05/17 | | | 17000122165 | | |
| Date of fili | ng/registration in Florida | 4. | Document nun | ıber | |
| (a) ATLANTIC NO | NLAWYER SERV | ICES, INC. | | | |
| Registered Agent and Re | gistered Office shown on the re | | pt. of State: | | |
| | (MUST BE FLORIDA S | TREET ADDRESS) | | | |
| SATELLITE E | EACH | , _{FL} 32937 | | | |
| Begistered Agents Inc. | | | | 2022 SE ₁ | |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N | | | SS: | FILED | |
| NEW Registered Office | Address: | | | | |
| STE 300 | | | | FLO | |
| St. Petersh | ourg | , _{FL} 33702 | | 9: 52 STALL LORID <i>L</i> | |
| the limited liability complete change or changes are to gent will be identical. Or as/were authorized by an earticles of organization | nade, the Florida street ad in the case of a Florida li affirmative vote of the me or the operating agreemen | dress of the register mited liability com- embers of the limite at of the limited liab Riley | ed office and the busing pany, it is hereby confir d liability company or a | med that the change(s) is otherwise provided in | |
| hereby accept the appoint | nized representative of a member timent as registered agent dative to the proper and con as registered agent as in the registered office adhange. | and agree to act in omplete performan provided for in Chi | this capacity. I further se of my duties, and I an anter 605, F.S. Or, if th | agree to comply with to a familiar with and acc is document is being fil | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent