L17000132349

•	
(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:	7

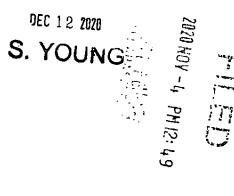
Office Use Only



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DEC 12 2020



COVER LETTER

TO:	Registration Section Division of Corporations		-
SUBJF	JS SUPPLY SERVICE LLC		
		Name of Limited Lia	ability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered C	Office Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the fo	ollowing:
Mike W	/omer		
	Name of Person		-
United	Agent Services LLC		
	Firm/Company		
221 N E	Broad St		
	Address		_
Middle	town, DE 19709		
	City/State and Zip Cod	e	_
complia	unce@unitedagentservices.com		
Е	-mail address: (to be used for future a	annual report notific	eation)
For fur	ther information concerning this matt	ter, please call:	
Mike W	omer /	302 at (894-7717
	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	ing amount:	
■ \$25 Filing Fee			5 Filing Fee & Certified Copy

INHS18 (2/14)

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.

. Na	me of the limited liability company:	SERVICE LLC				
(a)	4657 BROWNING COURT		(b) 4657 BROWNING COURT			
. (.,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	CRESTVIEW, FL 32539		RESTVIEW, FL 3	2539		
	06/16/2017	£.17	7000132349			
	Date of filing/registration in Florida	4.	Docume	nt number		
. (a)	SMALLBIZ AGENTS, LLC			297		
). (ii)	Registered Agent and Registered Office shown on the recor	rds of the Florida Dep	ot, of State:	0020 NOV -		
	800 OCALA ROAD			2		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)		, e.g. 2 		
	TALLAHASSEE	. FL_32304		PH 12: 49		
(b)	United Agent Services I.I.C			Ψ		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	stered Office addres	<u>s</u> :			
	9100 CONROY WINDERMERE RD					
	NEW Registered Office Address:					
	SUITE 200-UAS					
	WINDERMERE	_, FL34786				
hange gent v vas/wy he arti	mited liability company is not organized under the or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limit free authorized by an affirmative vote of the members of organization or the operating agreement of a member or authorized representative of a member	of the registered of ed liability componers of the limited	ffice and the bus any, it is hereby of Hiability compar	ness office of the registered confirmed that the change(s)		

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

notified in writing of this change.

Signature of Registered Agent