## L17000233337

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





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## COVER LETTER

SUBJECT: JILD Group, LLC	
Name of Limite	d Liability 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 following:
Alex C. Najarian, Esq.	
Name of Person	<del></del>
The Comeal Law Firm	
Firm/Company	<b>2</b>
509 Anastasia Blvd.	2023 OCT
Address	
St. Augustine, Florida 32080	G. ·
City/State and Zip Code	AH IO: TO
alex@corneallaw.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
Alex C. Najarian, Esq. 904	819-5333
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	2 \$55 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.

I. Na	ame of the limited liability company:	: 						
2. (a)	7440 Highway USI North, Suite 108		(b) 7440 Highway US1 North, Suite 108					
z. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	(-)_		Mailing address of limite (Note: MAY BE POS			
	St. Augustine, FL 32095		<u>S</u>	t. August	ine, FL 32095			
	11/13/2017		LI	70002331	337			
3.	Date of filing/registration in Florida	4.			Document number			
5. (a)	St. Augustine Law Group, PA							
	Registered Agent and Registered Office shown on the records of  Registered Office Address (MUST BE FLORIDA STREET			pt. of Stat	<b>c</b> : -			
	320 High Tide Drive						202	
	St. Augustine , Ft	32080	2080		-	ř-	2023 OCT -2 AM 10: 10	177 <b>t</b>
(b)	Alex C. Najarian, Esq.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				_	1977.27	-2	;
	Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>nddre</u>	<u>ss</u> :		:	重	
	The Corneal Law Firm				_	声景	0: 10	**
	NEW Registered Office Address:					•		
	509 Anastasia Blvd.				-			
	St. Augustine , FI	32080		·	_			
change agent v was/we the arti	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 literative authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe ability of the l limite	ered o comp imite d liab	office an any, it is d liabilit ility con	d the business office s hereby confirmed the y company or as othe	of the reg hat the ch erwise pro	gistered ange(s)	
Signa	ture of a member or authorized representative of a member	_			Printed or typed name of	-		
	by accept the appointment as registered agent and aginous 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.  The of Registered Agent	ree to a perfor d for ii hereby	ict in manc i Cha conf	this capa e of my a pter 605 rm that	acity. I further agree duties, and I am Janu i, F.S. Or, if this doc the limited liability c	e to comp. iliar with rument is a company h	ly with I and acc being fi as been	the tept led