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### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: JRZ SOLUTIONS, LLC

Name of Limited 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:

Johnathan Phillips

Name of Person

JRZ SOLUTIONS, LLC

Firm/Company

887 GLADIOLA CIR. APT 306

Address

ROCKLEDGE, FL 32955

City/State and Zip Code

## jphillips8648@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## **Johnthan Phillips**

Name of Person

321

at (

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

#### Enclosed is a check for the following amount:

☑ \$25 Filing Fee

\$55 Filing Fee & Certified Copy



# 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:	NS, LL	.C			
2. (a)	887 GLADIOLA CIR. APT 306	(b)	, 887 GLADIOLA CIR. APT 306			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	ROCKLEDGE, FL 32955	_	ROCKLE	DGE, FL 32955		
	11/19/2018	_				
3.	Date of filing/registration in Florida	4.	I	Document number		
5. (a)	THERESA M ZORN TAX ACCOUNTING					
J. (a)	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A. 40 NEVINS COURT	DDRESS)				
	MERRITT ISLAND	32953			2018 2	- TI
(b)	JRZ SOLUTIONS, LLC				RCV 2	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	)ffice add	<u>ress</u> :		PH PH	5
	NEW Registered Office Address:					م
	887 GLADIOLA CIR. APT 306				<u>.</u>	
	ROCKLEDGE FL	32955				
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regist bility cor `the limi	ered office npany, it is ted liability	and the business off hereby confirmed th company or as othe	fice of the reg hat the change	istered (s)
	- Thirtin Dallas	JO⊦		PHILLIPS		<u>.                                    </u>
Signal	ture of achember or authorized representative of a member			Printed or typed name o	of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

hta Signature of Registered Agent

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