## L18000194367

| (Requestor's Name)                      |                   |             |  |  |
|---|-------------------|-------------|--|--|
| (Ac                                     | idress)           |             |  |  |
| (Ad                                     | ddress)           |             |  |  |
| (Cit                                    | ty/State/Zip/Phon | ne #)       |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Na  | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificate     | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
| Signatures                              |                   |             |  |  |
|   |                   |             |  |  |
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|   |                   |             |  |  |

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## · COVER LETTER

| TO:             | Amendment Section Division of Corporations                  |  |   |
|-----------------|---|--|---|
| SUBJE<br>Name o | ECT: JOYTEC LABS LLC of Corporation                         |  |   |
| DOCU            | MENT NUMBER: L18000199367                                   | <u></u>                                  |   |
| The end         | closed Statement of Change of Registered                    | Office/Agent and fo                      | ee are submitted for filing.              |
| Please          | return all correspondence concerning this                   | matter to the follow                     | ing:                                      |
| STEVE           | EN GEORGE   |  |   |
| Name o          | of Contact Person   |  |   |
| JOYTE           | C LABS LLC  |  |   |
| Firm/C          | ompany  | <del> </del>                             |   |
| 8423 N          | W 43 CT   |  |   |
| Addres          | SS  |  |   |
|                 | L SPRINGS, FL 33065   |  |   |
| City/St         | ate and Zip Code  | <u> </u>                                 |   |
|                 | ENGFLORIDA@GMAIL.CO   |  |   |
| E-mail          | l address: (to be used for future annual                    | report notification                      | n)  |
| For fur         | ther information concerning this matter, p                  | lease call:                              |   |
| ТНОМ            | AS GEORGE   | at (954                                  | 8047328<br>ode & Daytime Telephone Number |
|                 | Name of Contact Person                                      | Area C                                   | ode & Daytime Telephone Number            |
| Enclos          | ed is a \$35.00 check made payable to the                   | Department of State                      |   |
|                 | Mailing Address: Amendment Section Division of Corporations | Street Addre<br>Amendment<br>Division of |   |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha   | provisions of sections 607.0502, 647.0503, 6<br>nge is submitted for a corporation organized<br>r to change its registered office or registered   | l under the laws of the State of <u>FL</u>                     | ORIDA                      |  |  |
|--|---|--|----------------------------|--|--|
| 1. The name of t   | he corporation: JOYTEC LABS LLC   |  |                            |  |  |
|  | office address: 8423 NW 43 C  |  |                            |  |  |
| 3. The mailing a   | ddress (if different):  |  |                            |  |  |
| 4. Date of incorp  | Date of incorporation/qualification: 08/20/2018 Document number: L18000199367   |  |                            |  |  |
|  | l street address of the current registered agentment of State: (If resigned, enter resigned)  | t and registered office on file with                           | the                        |  |  |
|  | LEGALING CORPORATE SERVICES INC.  |  | 2u2                        |  |  |
|  | 476 RIVERSIDE AVE.  |  | M23 HAT S                  |  |  |
|  | JACKSONVILLE, FL 32202  |  | da<br>da                   |  |  |
| 6. The name and (if changed):  | l street address of the new registered agent (i   | f changed) and /or registered offic                            | 3 1/1 9: 00<br>6 1/1 9: 00 |  |  |
|  | THOMAS GEORGE   |  | ra O                       |  |  |
|  | 8423 NW 43 CT   |  |                            |  |  |
|  | P.O. Box NO<br>CORAL SPRINGS, FL 33065  | OT acceptable  |                            |  |  |
| The street address changed will  | ess of its registered office and the street add<br>be identical.  | dress of the business office of its                            | registered agent,          |  |  |
| Such change wa<br>authorized by th                                     | as authorized by resolution duly adopted by<br>he board, or the corporation has been notifi   | its board of directors or by an o ed in writing of the change. | fficer so                  |  |  |
| Thomas   | as Coosse.  | THOMAS GEORGE AMBR   |                            |  |  |
| I heroby accept<br>I further agree of my duties, an<br>document is bei | the appointment as registered agent and a<br>to comply with the provisions of all statute<br>ad I am familiar with and accept the obliga<br>ing filed merely to reflect a change in the r<br>s been notified in writing of this change. | s reiaiwe io ine proper ana coma                               | olete verformance          |  |  |
|  | 4   | 4/29/2023  |                            |  |  |
| Sig  | mature of Registered Agent  | Date   |                            |  |  |
| If signing on be   | chalf of an entity:   |  |                            |  |  |
| T  | yped or Printed Name  * * * FILING FEE:   | \$35.00 * * *  |                            |  |  |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)



July 18, 2023

STEVEN GEORGE 8423 NW 43 CT CORAL SPRINGS, FL 33065

SUBJECT: JOYTEC LABS LLC Ref. Number: L18000199367

We have received your document for JOYTEC LABS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  $(850)\ 245-6050$ .

Letter Number: 323A00015907

Anissa Butler Regulatory Specialist II

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