

**L18000251918**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

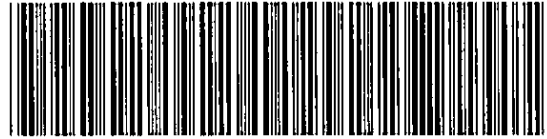
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JI AND JE 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:

Elaine M. Sterker  
Name of Person

JI AND JE LLC  
Firm/Company

176 4<sup>th</sup> Avenue NE, # 1802  
Address

St. Petersburg, Florida 33701  
City/State and Zip Code

elaine.sterker@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Sterker at (813) 294-9888  
Name of Person 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.*

1. Name of the limited liability company: JI AND JE LLC

2. (a) 176 4th Avenue NE (b) 176 4th Avenue NE

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Unit 1802  
St. Petersburg, FL 33701

Unit 1802  
St. Petersburg, FL 33701

3. October 26, 2018  
Date of filing/registration in Florida

4. L18000251918  
Document number

5. (a) Irina S. Krystofik  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

465 Central Ave.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 301  
St. Petersburg, FL 33701

(b) Elaine M. Sterker  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

176 4th Avenue NE  
**NEW Registered Office Address:**

Unit 1802  
St. Petersburg, FL 33701

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Gerald R. Sterker  
Signature of a member or authorized representative of a member

Gerald R. Sterker  
Printed or typed name of signer

*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.*

Elaine M. Sterker  
Signature of Registered Agent

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TALLAHASSEE, FLORIDA  
DIVISION OF STATE  
CORPORATIONS