1190000 18045

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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NOV 13 2020 M. SOLOWON

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	MKJS Serenity, LLC				
		Name of Limited	Liability Company		
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.		
Please 1	return all correspondence concernin	g this matter to th	ne following:		
Michael	N. Moses				
-	Name of Person				
Michael	son Real Estate Group, LLC				
	Firm/Company				~
4710 St	ate Road 13 North			3	2020 OCT
	Address				9-13
Saint Jo	hns, Florida 32259				6 PH
	City/State and Zip Co	de	_ 	·····································	12:31
mmoses	@michaelsongroup.com			्राण	_
E.	mail address: (to be used for future	annual report no	tification)		
For furt	her information concerning this ma	tter, please call:			
Elizabet	h Moses	904 at (880-0000		
	Name of Person		Area Code & Daytime Telephone Nu	mber	
	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 follow	ving amount:			
	■ \$25 Filing Fee		\$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.

1. N	ame of the limited liability company: MKJS Serenity,	LLC							
2. (a)		(b)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				ailing address of li (Note: MAYBE		-		
	No change		,	Nic	charge				
)		-						•
	03/20/2019		L19000	078045	5				
3.	Date of filing/registration in Florida	4.		D	ocument numl	ber		_	
5 (a)	Michael N. Moses (No change to name of Reg. Agent	Address ch	ange or	ıly)					
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. o	f State:					
	OLD ADDRESS								
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2						
(b)	12443 San Jose Boulevard, Suite 604								
	Jacksonville , F	L 32223	•			Ĺ	<u>.</u>	2020	
	NEW ADDRESS					,e	, v	0CT	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	dress:					9	-
	Michael N. Moses (No change to name of Reg. Agent	Address ch	ange o	nly)		-	[함 - 33 34 급	PM 2:	ָ ר
	NEW Registered Office Address:						rick Bir	37	
	4710 State Road 13 North								
	Saint Johns . F	L ³²²⁵⁹							
change agent was/w	limited 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 I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere iability con of the limi e limited li	d offic mpany ited lia	e and to the terminal to the terminal t	the business of sereby confirm company or as	fice of the led that the	e regi e cha	istered nge(s)	l)
Signa	ature of a member or authorized representative of a member	_		P	rinted or typed na	ame of signe	e		_
provis the ob. to mer	by accept the appointment as registered agent and agions 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.	ree to act e performa ed for in C hereby co	in this ince of hapter infirm i	capaci my dui 605, F that the	ity. I further a ties, and I am F.S. Or, if this e limited liabil	igree to co familiar w documen ity compa	omply vith a t is b ny ha	with and acceing fi as been	the cept led n
Simate	MA (III) A are of Registered Agent								