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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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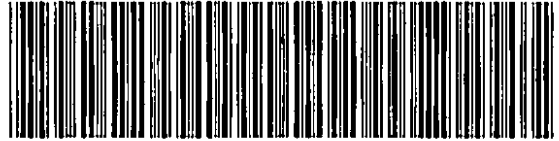
(Business Entity Name)

(Document Number)

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First Corporate  
solutions

April 22, 2022

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: JD ART HOLDINGS, LLC / Order Number: ORD-916266-B8G7Q3

Dear FL Registration Section,

Enclosed herewith, please find a Statement of Change of Registered Agent and a check in the amount of \$25.00 to be filed with your office on a routine basis.

Should you have any questions or concerns, please do not hesitate to contact me at (844) 392-7588 or via email at [raservices@ficoso.com](mailto:raservices@ficoso.com).

Sincerely,

Brandon Sjelin  
Registered Agent Specialist  
(844) 392-7588  
[raservices@ficoso.com](mailto:raservices@ficoso.com)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JD ART HOLDINGS, 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:

BRANDON SJELIN

Name of Person

FIRST CORPORATE SOLUTIONS, INC.

Firm/Company

12631 Imperial Highway F-106

Address

Santa Fe Springs, CA 90670

City/State and Zip Code

raservices@ficoso.com

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

For further information concerning this matter, please call:

Brandon Sjin at ( 844 ) 392-7588  
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

☐ \$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.*

1. Name of the limited liability company: JD ART HOLDINGS, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

250 NW 24TH STREET, CONDO 2C

MIAMI, FL 33127

Mailing address of limited liability company:

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

250 NW 24TH STREET, CONDO 2C

MIAMI, FL 33127

03/21/2019

L19000079337

3. Date of filing/registration in Florida

4. Document number

5. (a) FIRST CORPORATE SOLUTIONS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

(b) FIRST CORPORATE SOLUTIONS, INC.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

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.

Signature of a member or authorized representative of a member

Printed or typed name 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.*

Signature of Registered Agent

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