## 219000171174

(Re	questor's Name)	
(Address)		
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	Ì





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S. YOUNG

## **COVER LETTER**

то:	Registration Section Division of Corporations	<del>-</del>
SUBJE	ECT: Jordan V	entures LLC Limited Liability Company
	Name of	Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
	Jacqueline Jordan Name of Person	
	Jordan Ventures LL Firm/Company	<u>C</u>
17		
10	elle Sterling Dr	
La	Keland FL 33813 City/State and Zip Code	3
<u>0</u> ل ٿ	exson Jordan hotm a hotm a i-mail address: (to be used for future annual re	11. Com port notification)
For fur	ther information concerning this matter, pleas	e call:
Ja	Caveline Jordan at 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 amou	int:
	\$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.

	an Ventures LLC
2. (a) 2781 SE Ocean Blvd Principal office address of limited liability company:	(b) 1616 Sterling Or. Mailing address of limited liability company:
Stuart, FL 34994	Lakeland, FL 33813
07/15/2019 3. Date of filing/registration in Florida	L1900017/174
5. (a) United States Corporation Age	4. Document number
Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
5575 S. Semoran Blvd	TADDRESS)
Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)
# 36	
Orlando	32822 Residence of the second
(b) Jacqueline Jordan	
Enter name of NEW Registered Agent and/or NEW Register	ed Office address:
278/ SE Ocean Blvd	
NEW Registered Office Address:	·*·
0. /	
Stuart	34996
change or changes are made, the Florida street address of thagent will be identical. Or, in the case of a Florida limited	liability company, it is hereby confirmed that the change(s) sof the limited liability company or as otherwise provided in
Signature of member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, notified in writing of this change.	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
( saceruline mel	

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