

L190000175011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

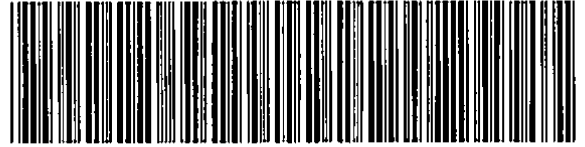
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FILED
2021 SEP -2 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FL

09/03/2021
JH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP -2 PM 11:49

August 18, 2021

ARIANNA CARRINGTON-HOOKER, EA
1678 E SILVER STAR RD
OCOE, FL 34761 US

SUBJECT: JUICIFY LLC
Ref. Number: L19000175011

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a STATEMENT OF REGISTERED AGENT FOR A CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 321A00019827

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JUICIFY LLC
Name of Corporation

DOCUMENT NUMBER: L19000175011

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ARIANNA CARRINGTON-HOOKER, EA

Name of Contact Person

INNOVATIVE TAX SOLUTIONS OF CFL INC

Firm/Company

1678 E SILVER STAR RD

Address

OCOE FL 34761

City/State and Zip Code

INFO@ITSCFL.COM

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

For further information concerning this matter, please call:

ARIANNA CARRINGTON-HOOKER

Name of Contact Person

at (407) 499-2967

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: JUICIFY LLC

2. (a) 7901 4th St N STE 300 (b) 7901 4th St N STE 300
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

St. Petersburg, FL 33702

St. Petersburg, FL 33702

07/08/2019

L19000175011

3. Date of filing/registration in Florida 4. Document number

5. (a) NORTHWEST REGISTERED AGENT LLC

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

7901 4TH ST N

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 300

ST PETERSBURG, FL 33702

(b) INNOVATIVE TAX SOLUTIONS OF CENTRAL FL INC

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

NEW Registered Office Address:

1678 E SILVER STAR RD

OCOE, FL 34761

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

Christian Chica

Signature of a member or authorized representative of a member

CHRISTIAN CHICA

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.

Shannon Cunningham
Signature of Registered Agent