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L19000	233597				
(Requestor's Name) (Address)	000374616210				
(Address) (City/State/Zip/Phone #)	<b>10</b> /13/2101020003 **25.00				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2021 GCT 13 PH 3: 34				
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## COVER LETTER

TO: Registration Section ; Division of Corporations

JERUSALEM LOANS LLC SUBJECT:

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:

YACOUB A. ALSAKA

Name of Person

JERUSALEM LOANS LLC

Firm/Company

2463 RIDGEMOOR DRIVE

Address

ORLANDO, FL 32828

City/State and Zip Code

yalsaka@yahoo.com

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

For further information concerning this matter, please call:

407 765-0930 at ( )
Area Code & Daytime Telephone Number
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.	Na	ime of the limited liability company:	LOANS I	.1.0	; <b>_</b>			
2.	(a)			(b)	)	_		
		Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )				Mailing address of limited (Note: MAY BE POST	liability c	ompany:
		2463 RIDGEMOOR DRIVE			P.O. BOX	780185		
		ORLANDO, FL 32828			ORLAND	O. FL 32878		
		9/16/2021		i	.19000233:	597		
3.		Date of filing/registration in Florida	4.	-		Document number		
5	(a)	Berry J. Walker, Esq.						
5.	(4)	Registered Agent and Registered Office shown on the records	of the Flor	ida	Dept. of Stat	 e:		
						_	2	
Registered Office Address (MUST BE FLORIDA STREET A			ET ADDRE	ADDRESS)		-	021 (	-
		225 S Westmonte Drive Suite 2040	<u> </u>			<b>-</b> .	2021 OCT 1	•
		Altamonte Springs	FL			_	دن س	، <u>،</u> ، ،
	(b)	YACOUB A. ALSAKA					PH 3	J
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office	ado	lress:	<b>_</b> .	3: 34	
		NEW Registered Office Address:				_		
		2463 RIDGEMOOR DRIVE				_		
		ORLANDO	FL		_	_		
ch ag w:	ange ent v as/w	imited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	laws of the register the register l liability rs of the l	he l ere coi imi	d office an npany, it i ited liabilit	id the business office c s hereby confirmed the ty company or as other	of the reg at the ch	gistered ange(s)
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- 1	-	ture of a member or authorized representative of a member				Printed or typed name of	-	<i>.</i> .
pr th to	ovisi e obi mer	by accept the appointment as registered agent and c ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d'in writing of this change.	agree to a sie perfor ided for ii . I hereby	ict ma n C co	in this cap nce of my hapter 602 nfirm that	acity. I further agree duties, and I am famil 5, F.S. Or, if this docu the limited liability co	to comp lar with ment is mpany l	ly with the and accept being filed las been
-Ŀ S	1 I Tatt	CQ						
	]	Division of Corporations• P.(	) Roy 63	177	• Tullaba	ssoe FI 37314		
			7. BOX 05 7 FEE: \$			1990 Cy I IV 200 IV		

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