

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE**

**4EVER J&D LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 23 2022

R. Brumley

# 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.

## 4Ever J&D LLC

1. Name of the limited liability company: 4Ever J&D LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5. (a) **UNITED STATES CORPORATION AGENTS, INC.**

Registered Agent and Registered Office shown on the records of the Florida Dep't. of State:

5575 S. SEMORAN BLVD.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

36

ORLANDO, FL 32822

(b) **Registered Agents Inc.**

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

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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Riley Park

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.

Bill Havre

Bill Havre - Assistant Secretary

Signature of Registered Agent

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