## 120 000006699Z

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500356520365



12/18/20--01008--001 ++25.00

O SIMMONS FEB 0 3 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: RSJ Designs, 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:								
Susan Lewis								
Name of Person								
AST Designs, LLC								
Firm/Company								
1353 Sterling Oaks Drive	_							
Address								
Casselberry, FL 32707  City/State and Zip Code	_							
rsivariety @ gmail.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Susan Lewis 321	866-8827							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address:	Street Address:							
Registration Section	Registration Section							
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee							
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810							
	Tallahassee, FL 32303							
Enclosed is a check for the following amount:								
S25 Filing Fee S55	5 Filing Fee & Certified Copy							

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI 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.

	$\mathcal{Q}$	CTDO	1	1		
1. N	ame of the limited liability company:	SJ VESIGI	25, L			<del></del>
2. (a)	19014th St N	(b)_	790	1 4th S	+ N	
	Principal office address of limited liability con	• •		iling address of limited	=	
	(Note: MUST BE STREET ADDRESS	D	$\sim$ $\sim$ $\sim$	Note: MAY BE POS	<u>T OFFICE I</u>	<u>BOX</u> )
	Ste 300		Ste.	300		
	St Petersburg, FL 3:	3702	St 6	Petersburg	I,FC	3374
	12/30/19		120	0000006	992	,
3.	Date of filing/registration in Florida	4.	Do	ocument number		
5. (a)		Agent LLC	~			
	Registered Agent and Registered Office shown on the	records of the Florida De	pt. of State:			
	1901 4415t					
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	<del></del>			
	Ste 300					
	St Petersburg	, FL	102	·,	2028	
<b>a</b> .	Sucan TIPINIS			• <u>•</u> • • • • • • • • • • • • • • • • •	028 DEC	
(b)	Enter ozene of NEW Registered Agent and for NEW	Paristand Office addre	<del></del>		<del>-</del>	1
	THE OFFICE OF THE WINDSHIP CONTROL AND	KLESHI CO CALLE AMUE	<u>.</u>			111
	1353 Sterling Ou	oks DC		ing).	· 3	imazzna. Ú /
	NEW Registered Office Address:	<i>u-9_1</i> /		-13	. 2	
				;=-	1 -1	
	Casselberry	FL 327	07			
	limited liability company is not organized und					
citalig agent	e or changes are made, the Florida street addre will be identical. Or, in the case of a Florida l	imited liability comp	any, it is be	ne business office creby confirmed th	or use regi	isicica ingc(s)
was/w	ere authorized by an affirmative vote of the m	embers of the limite	d liability c	company or as other	erwise pro	vided in
ine an	icles of organization or the operating agreeme	ant of the lumited fiab			Duni	_
	Just Jews	<del></del>		isan TL		<u> </u>
_	क्ष्यार of a mamber or क्ष्योंकर्यस्त्रचे स्कूलसम्बद्धांत्रस् of a mea			rimed or typed some o	_	
provis the ob to mer	thy accept the appointment as registered agentions of all statutes relative to the proper and cligations of my position as registered agent as reflect a change in the registered office and in writing of this chapte.	complete performanc s provided for in Cha	e of my dut. nter 605. F	ties, and I am fami S. Or. if this doc	iliar with a rument is b	ind accept einv filed
Signan	JIJU JUVS  Jre of Registered Agent	<del></del>				

Division of Corporations • P.O. Box 6327 • Tallahassee, F1. 32314 FILING FEE: \$25.00