

Florida Department of State

Division of Corporations  
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To:

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

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : 120100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*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**

**FJP 18 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY  
DEC 15 2022

2022 Dec 14 PM 4:47

2022 DEC 14 AM 9:47  
FILED  
DIVISION OF STATE  
CORPORATIONS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **FJP 18, 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:

**Vanessa Castillo**

\_\_\_\_\_  
Name of Person

Registered Agent Solutions, Inc.

\_\_\_\_\_  
Firm/Company

Corporate Center One, 5301 Southwest Pkwy. Ste 400

\_\_\_\_\_  
Address

Austin, TX 78735

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

**Vanessa Castillo**

\_\_\_\_\_  
Name of Person

at ( 888 ) 705-7274

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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. Name of the limited liability company: FJP 18, LLC
2. (a) 10542 Sunset Isles Court (b) 10542 Sunset Isles Court  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
Boynton Beach, FL 33437 Boynton Beach, FL 33437
3. 9/2/2020 4. L20000264833  
 Date of filing/registration in Florida Document number

5. (a) Blumbergexcelsior Corporate Services, Inc.

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

155 Office Plaza Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1st FL

Tallahassee, FL 32301

- (b) Registered Agent Solutions, Inc.

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

155 Office Plaza Dr.

NEW Registered Office Address:

Suite A

Tallahassee, FL 32301

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.

/s/ MILTON D OTTENSOSER ESQ

Signature of a member or authorized representative of a member

MILTON D OTTENSOSER ESQ Authorized Person

Printed or typed name of signer

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.

Mackenzie Hart  
 Signature of Registered Agent

Mackenzie Hart, Asst. Secretary

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 SECRETARY OF STATE  
 TALLAHASSEE, FL