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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

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Enter the email address for this business entity to be used for future √annual report mailings. Enter only one email address please. 700 区長編il Address:_

LLC REGISTERED AGENT CHANGE J&J CAPITAL ENTERPRISES LLC

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Page: 2/2

Fax: 8134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:	J&J Capital Enterpr	rises LLC				
2. (a)		100	(b)				
	Principal office address of limited lia	ripal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST of the street of the					many:
			-				
_	10/01/2020	en ()	L200003				
3.	Date of filing/registration in	i Florida	4.	Document num	iber		
5. (a	***************************************						
	Registered Agent and Registered Office show	vii on the records of th	ae Flortda Dept, of .	State.			
	7901 4th Street N., Suite 300					2	
	Registered Office Address (MUST BE F	<u>LORIDA ŞTREET A</u>	DDRESS)		>	2024 HAR	.•
	St. Petersburg	, FL	30076		-	\R 26	•
(b)	Registered Agents Inc				<i>y</i>	14A	
	Enter name of <u>NEW Registered Agent</u> and/	or <u>NEW Registered (</u>	Office address:		<u></u> ,	8: 42	
	7901 4th St N				٠.	2	
	NEW Registered Office Address						
	STE 300						
	St. Petersburg	FL_	33702				
the ch agent was/w the an	limited liability company is not organiange or changes are made, the Florida will be identical. Or, in the case of a tere authorized by an affirmative vote ticles of organization or the operating	street address of t Florida limited lial of the members of agreement of the l	the registered of bility company. The limited liab	ffice and the busine it is hereby confirm oility company or as	ss officenced that	c of the the cha	registered nge(s)
IC.	ature of a member or Authorized representative		Robin Jones				
Sign	ature of a member or Authorized representative	of a member	<u> </u>	Printed or typed n	ame of si	gnce	
provis the ob to nici	thy accept the appointment as register tions of all statutes relative to the pro- ligations of my position as registered yelv reflect a change in the registered of in writing of this change. David Roberts	ver and complete p agent as provided office address, I h	performance of) for in Chapter erchy confirm t	capacity. I further in duties, and I am 605, F.S. Or, if this hat the limited liabi	agree to Jamilia 8 docum lity com	o comply or with a went is be upany ha	with the nd accept wing filed as been
. U	DAVIO RODERS	 Assistant Set 	uctary				

Signature of Registered Agent

3/25/2024 09:18:36