**Division of Corporations** 

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

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

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## LLC REGISTERED AGENT CHANGE LA JUNTA USA LLC

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## 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.

L N	ame of the limited liability company:	JSA LLC					
2. (a)		(b)					
	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	10/13/2020	L20000	324807				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	AYUDA CENTER	AYUDA CENTER					
	Registered Agent and Registered Office shown on the record						
	Registered Office Address IMUST BE FLORIDA STR	EET ADDRESS)	 υ <b>2</b>				
	8230 CORAL WAY		TALL TALL				
	MIAMI		2024 FEB 2 SEUNL AR				
(b)	Registered Agents Inc		200				
1177	Enter name of NEW Registered Agent and or NEW Regis	stered Office address:					
	7901 4th St N		AHII: 12				
	NEW Registered Office Address:		<del></del>				
	STE 300	STE 300					
	St. Petersburg	. FL. 33702					
the cha agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit creatthorized by an affirmative vote of the membicles of organization or the operating agreement or the contractions.	ess of the registered of ted liability company pers of the limited liab	ffice and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in				
1 307- Signal	far and free of authorized refresentative of a member		Printed or typed name of signee				
Therei provisi the obl to mere notified	by accept the appointment as registered agent am fons of all statutes relative to the proper and comp igations of my position as registered agent as pro Iv reflect a change in the registered office addre, I in writing of this change.	d agree to act in this pleic performance of ovided for in Chapter ss. I hereby contirm t ant Secretary	canacity. I finither naive to comply with the				
	re of Constrict Agent	_					