	e print this page and use it as a cover sheet. Type the fax audit number own below) on the top and bottom of all pages of the document.
	(((H22000434817 3)))
	H22000+348173A=C+
Note: DO N	OT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
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
annual Email /	email address for this business entity to be used for future report mailings. Enter only one email address please.** ddress:
	LLC REGISTERED AGENT CHANGE JIMMY LIU INTERNATIONAL LLC Certificate of Status 0 Certified Copy
	Page Count02DEC 2 9 2022Estimated Charge\$25.00A. LUNT

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.

L. No	ume of the limited liab	utility company: Jimmy Liu International LLC		
2. (a)		(b)		
	•	dress of limited liability company ST BE STREET ADDRESS)	Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7901 4th St N		01 4th St N STE 300	
	St. Petersburg		Petersburg FL 33702	
	01/06/21	L2:	1000019423	
3.	Date of filin	z/registration in Florida 4.	Document number	
5. (a)	LEGALINC CC	RPORATE SERVICES INC.		
	Registered Agent and Reg	istered Office shown on the records of the Florida Dept.	of State:	
	-	Address (<u>MUST BE FLORIDA STREET ADDRESS</u>)		
	476 RIVERSIDE	· · · · · · · · · · · · · · · · · · ·		
	JACKSONVILI	E	^2	
	Registered <i>i</i>	Agents Inc	2022 DEC	
(b)		stered Agent and/or NEW Registered Office address:		
			28 - 28 - 28	
	7901 4th St		A 426	
	NEW Registered Office A	ddress:		
	STE 300		27	
	St. Petersb	ura , 33702		
		, FL. 55702		
If the li	mited liability compared are made	by is not organized under the laws of the State	of Florida, it is hereby confirmed that after office and the business office of the registered	
agent w	fill he identical. Or, ii	the case of a Florida limited liability compan	y, it is hereby confirmed that the change(s)	
the artic	re authorized by an af	firmative vote of the members of the limited li the operating agreement of the limited liabilit	admith company of as otherwise provided in -	
	Rilling Park.	rized representative of a member Printed or typed name of signee		
provisio the obli to mere notifica	ons of all statites rela gations of my position ly reflect a change in l'in writing of this cha	tment as registered agent and agree to act in this capacity. I further agree to comply with the lative to the proper and complete performance of my duties, and I am familiar with and accep of as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed in the registered office address, I hereby confirm that the limited liability company has been ange.		
zee H.	Havre - Assistant Secretary			
Signatur	e of Registered Agent			
	Div	ision of Corporations• P.O. Box 6327• Tal	llahassee, FL 32314	

FILING FEE: \$25.00

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