L21000056153

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

	gistration Section vision of Corporations							
SUBJECT	JVAVTECHLLC							
Name of Limited Liability Company								
Dear Sir or	Madam:							
The enclose	ed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.						
Please retur	rn all correspondence concerning this	matter to the following:						
Ellie Kota	apish							
	Name of Person	· · · · · · · · · · · · · · · · · · ·						
ZenBusir	ness PBC							
	Firm/Company							
5900 Bal	cones Drive, Suite 5000							
	Address							
Austin, T	X 78731							
	City/State and Zip Code							
	nbusiness.com							
E-ma	il address: (to be used for future annua	al report notification)						
For further	information concerning this matter, p	lease call:						
Ellie Kota	pish	512 237-7349						
	Name of Person	Area Code & Daytime Telephone Number						
Rej Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building bl Executive Center Circle llahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:								
2 1	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
INHS18 (2/1	14)							

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.	Na	ame of the limited liability company:	_C			
2. ((a)	5009 GLENROSECOURT	(b) 5009 GLENROSECOURT			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		TALLAHASSEE,FL 32309 UN	_	TALLAH	IASSEE,FL 32309 UN	
			_			
		02/01/2021		L210000	56153	
3.		Date of filing/registration in Florida	-i .		Document number	
5.	(a)	HAVRE, BILL REGISTERED AGENTS INC.				
٥.	(,	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of Stat		
					2 2 27	
		Registered Office Address (MUST BE FLORIDA STREET A. 79014TH ST N	<u>DDRESS</u>	2821 HAR - 01 02 02 02 02 02 02 02 02 02 02 02 02 02		
		ST. PETERSBURG	33702		- e. _ e.	
((b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			128-0-7	
		NEW Registered Office Address:			-	
		7901 4th St N, Suite 300		· -	<u>.</u>	
		St. Petersburg , FL	33702		-	
the age was	cha nt v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist bility co the lim limited	stered office impany, it is ited liabilit liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in appany.	
Signature of a member or authorized representative of a member				on Alan \	/izzo, Member	
				i elsia	Printed or typed name of signee	
pro the to n	visi obl ngre	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	re to act perform for in C ereby co	in this cap ance of my Thapter 60; Infirm that	activ. I juriner agree to comply with the duties, and I am familiar with and accept is, F.S. Or, if this document is being filed the limited liability company has been	