## 121000082930

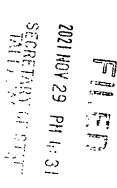
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## COVER LETTER

TO: Registration Section Division of Corporations	
JYS PURA VIDA LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
JUAN L LAFUENTE	
Name of Person Juan Cafacite	
Firm/Company 3105 37th ST W	
Address Lehigh Acres, FL 33971	
City/State and Zip Code luiscrystyan@yahoo.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Juan LaFuente 5	351-0738
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
■ \$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. Na	une of the limited liability company:JYS PURA VID.	A LLC		
2. (a)	JYS PURA VIDA LLC		(b) JYS PURA VIDA LLC	
(s.)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  2105-27th ST W		Mailing address of limited liability c (Note: MAY BE POST OFFICE	
	3105 37th ST W		3105 37th ST W	
	Lehigh Acres, FL 33971	<u></u>	Lehigh Acres, FL 33971	
	02/18/2021		L21000082930	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	orida Dept. of State:	
	UNITED STATES CORPORATION AGENTS, INC.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	ESS)	
	5575 S. SEMORAN BLVD. STE 36			
	ORLANDO , FI	32822 L_	2021 NOV 29 STORET (1)	
				ಸಿಗೆ ಪರ -ಪರ್ವವಾ
(b)				्र हु - रूपी
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	address.	V :
	ATLANTIKOS FINANCIAL GROUP LLC		21 MOV 29 PH 1: 31	3 at \$
	NEW Registered Office Address:		·	
	4725 WEST SANDLAKE RD STE 200			
	ORLANDO F	. 32819 L	9	
change agent v was/w	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members peles of organization or the operating agreement of the	e registe ability of of the li c limited	tered office and the business office of the re- company, it is hereby confirmed that the ch limited liability company or as otherwise pro ed liability company.	gistered nange(s)
1/0	un a Cojampe	Jl.	UAN LAFUENTE	
here provisi the obl to mer	ture of a member of authorized representative of a member by accept the appointment as registered agent and age on so fall statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change.	ree to a perfori ped for in hereby	Printed or typed name of signee act in this capacity. I further agree to comp rmance of my duties, and I am familiar with in Chapter 605, F.S. Or, if this document is a confirm that the limited liability company is	ly with the and accept being filed has been
Signatu	re of Registered Agent			