k21000	0	86	40	9
--------	---	----	----	---

(Re	questor's Name)			
(Ad	dress)			
(Address)				
× ×	,			
(Cit	ty/State/Zip/Phone	<del>?</del> #)		
		MAIL		
(Bu	siness Entity Nan	 ne)		
(D_	oursent Number			
(Document Number)				
Certified Copies Certificates of Status				
	<b></b>			
Special Instructions to	Filing Officer:			

000366906750

05/01/21--01026--61. ++29.00

FILED 11 JUN -1 MM 9:06

11.

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LDJ Agency LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lauriel Jones Name of Person LDJ Agency LLC Firm/Company
17401 Commercie Park Blud Suife 103-2030 Address
Tampu, FL, 33647 City/State and Zip Code
LOJAGENCYLLC@GMAIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Lauriel Jones at 813, 308-9, 85 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 amount:

□ \$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.

Geniv Name of the limited liability company: i. Agency 2. (a) uch cu (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 7401 Commerce Park Blvd Suite 103-2030 Commerce Park Blud Svire 103-2050 ampy 86409 3. filing/registration in Florida 4 Document number -auriel D. Sones 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Circle res (Pot ODD riel ones (b)Enter name of NEW Registered Agent and/or NEW Registered Office address: Suite 103-2030 Pack Bird OMMERCE 33647-3507 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Lauriel

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

16TM 7

Signature of a member or authorized representative of a member

Signature of Registered AgenF

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00