121000117638

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



200371338712

08/11/21--01093--018 **55.00

08/23/2021 7H

> TILTU 2021 AUG II AM 6: 3 SECRETARY OF STAIL

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: JRD Custum Contro Name of Limited Lia	ictivia LLC bility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Jason R. Dworczyk Name of Person	_	
JRD Custom Contracting, LLC Firm/Company		
611 15th Avenue South		
Jacksonville Beach FL 32250 City/State and Zip Code		
3 Kimmie 3 @ Verizon, NEt E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jason R. Dworczyk at (631) Name of Person	341-0271 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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.

201/1/110	the following statement in order to change its registered office or registered agent, or tonn, in the state of 1 tortale.
1. Na	me of the limited liability company: JRD Custom Contracting, LLC
2. (a)	611 15th Avenue South (b) - SAME-
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville Beach FL - SAME-
	32.250
	1.21-224-17-20
_	11 March 2021 L2/000117638
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	4540 Southside Blvd
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	#303
	#303 Jacksonville .FL 32216
<i>(</i> 1.)	Kimberlee A. Dworczyk
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Lell 15th Avenue South
	NEW Registered Office Address:
	Jacksonville Beach FL 32250
	, FL
change agent w	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered fill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the artic	cles of organization or the operating agreement of the limited liability company
Signat	ure of a member or authorized representative of a member Jason R. Dworczyk Printed or typed name of signee
Lhorok	w accept the appointment as registered agent and agree to act in this canacity. I further agree to comply with the
to mere notifika	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change.

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