LZ1000149817

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
APR - 1 2022					
3/30					

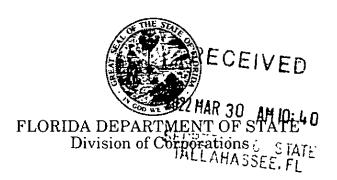
Office Use Only



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2022 MAR 30 AM IO: 53



March 16, 2022

JEREMY DEWDNEY 1155 THUNDER TRAIL MAITLAND, FL 32751 US

SUBJECT: JRDIT LLC

Ref. Number: L21000149817

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 022A00006294

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	JRDIT LLC						
Name of Limited Liability Company							
Dear S	ir or Madam:						
The cn	closed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	nis matter to the following:					
JEREM	IY DEWDNEY						
	Name of Person						
JRDIT	LLC						
	Firm/Company						
1155 T	HUNDER TRL						
	Address						
MAITI	.AND, FL 32751						
	City/State and Zip Code						
	ney@protonmail.com						
Е	i-mail address: (to be used for future an	nual report notification)					
For fur	ther information concerning this matter	, please call:					
JEREM	IY DEWDNEY	321 276-1398 at ()					
	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	g amount:					
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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.

. (a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1155 THUNDER TRL	1155 THUN		UNDER TRL	
	MAFTLAND, FL 32751			MAITLAND, FL 32751	
	3/3/2022		1.21000149	2817	
-	Date of filing/registration in Florida	4.		Document number	
. (a)	UNITED STATES CORPORATION AGENTS, INC.			-	
	Registered Agent and Registered Office shown on the records of t	nte:			
				202 SE	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			CRE CALL	
	5575 S. SEMORAN BLVD. SUITE 36	F 1 2022 MAR 30 SECRETARY ALL AHASSEI			
	ORLANDO 27 32822			- 30 AH	
	PL			O AM IO:	
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	address:	_ 53	
	JEREMY DEWDNEY				
	NEW Registered Office Address:			_	
	H55 THUNDER TRL			_	
	MAITLAND, FL, FL	32751			
the l	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of	registe bility of f the li	ered office an company, it imited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
gent v zas/w	icles of organization or the operating agreement of the				
gent v zas/we ne arti	79	JE	REMY DEW		
gent v zas/wa ne arti	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree	_		Printed or typed name of signce	

Signature of Registered Agent