L21000213940

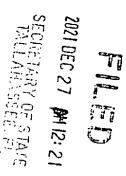
(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	aless)	
(Cit	y/State/Zip/Phone	· #)
☐ PICK-UP	☐ WAIT	MAIL
	<u> </u>	
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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O SIMMONS



FLORIDA DEPARTMENT OF STATE TO 27 47 3: 16 Division of Corporations

December 13, 2021

JANIQUA ROLLE 10228 EASTERN LAKE AVE #204 ORLANDO, FL 32817

SUBJECT: JANIQUA ROLLE L.L.C.

Ref. Number: L21000213940

We have received your document for JANIQUA ROLLE L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

We are enclosing the proper form(s) with instructions for your convenience.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 621A00029925

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jana and Name of Lin	Rolle L. L. C nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Janiqua Rolle Name of Person	
Firm/Company	
10222 Eastern Lake Ave # 20	<u>4</u>
Orlando FL 32817 City/State and Zip Code	
irolle 1314 Damail com Email address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
Janiqua Rolle at (_	786, 915-7087 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
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.

1. Na	ame of the limited liability company:	auc	2 Rolle	e l.l.C					
		1)	b)						
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	10228 Eastern Lake Ave 204	_	10778	Eastern	lake	Ave.	204		
	Orlando FL 32917	_	Orland	lo, FL 3	2317				
	5/7/21			021394					
3.	Date of filing/registration in Florida	4.		Ocument num	ber				
5. (a)	Registered Agent and Registered Office shown on the records of the								
	Registered Agent and Registered Office shown on the records of th	ie Floric	la Dept, of State:						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>		U	20			
	3440 W Hollywood Blud Suite	415			17/1	021 DEC 27	77		
	3440 W Hollywood Blud, Suite C Hollywood FL Janiqua Rolle	221	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ا اسم آج حز	C 2	مراب مرابع		
		220) 21				j FF		
(b)	Janiqua Rolle				(2) (2)	M12:21	A a B		
,	Enter name of NEW Registered Agent and/or NEW Registered C)ffice a	ddress:		; *** 1.	21. 22.	No.		
					<u>.::</u>	答 答			
	10778 Eastern Lake Ave								
	NEW Registered Office Address:								
	# 204	•=							
	Orlando .FL	328	117						
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility co the lir	ed office and ompany, it is l nited liability	the business o hereby confirm company or as	ffice of th red that th	e registere e change(ed (s)		
			Jani	aun Ro	lle				
_	ture of a member or authorized representative of a member			Pfinted or typed n	_				
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided pely reflect a change in the registered office address. I he I'm writing of this change.	e to ac erform för in reby c	t in this capac lance of my di Chapter 605, confirm that th	city. I further a tties, and I am F.S. Or, if this e limited liabil	igree to co familiar v documen lity compa	omply wit. with and a of is being ony has be	h the eccept filed en		
Signatur	re of Registered Agent								
organidi	re or negisicion rigoni								