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COVER LETTER

TO: Registration Section Division of Corporations		,		
Jerry's Artarama of Jacksonville, LLC	-a ^			
SUBJECT:		Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change and	d fee(s) are submitted for filing.		
Please return all correspondence concerning this	_			
Robert G. Rosenthal				
Name of Person				
Law Office of Robert G. Rosenthal				
Firm/Company				
5856 Faringdon Plae, Suite 200				
Address				
Raleigh, NC 27609				
City/State and Zip Code				
robert.rosenthal@gmail.com			~	
E-mail address: (to be used for future annu	ial report noti	ification)	2024 OCT -4 SECRETARY TALLAHA	≔ 7
For further information concerning this matter, p	please call;		CLA CLA	1. 1. 1. 1.
Robert G. Rosenthal	919 at (412-4100	, a = -	1
Name of Person		Area Code & Daytime Telephone i	PH 4: 20 OF STATE SSEE, FL	£
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 8 Tallahassee, FL 32303		
Enclosed is a check for the following	amount:			
S25 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.

of limited liability company: <u>E STREET (IDDRESS)</u> gistration in Florida		Mailing a	MAY BE P	nited liability POST OFFIC		y:
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