Florida Department of States

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(((H22000255787 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462~3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE JCDELETRONICS1 LLC

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COVER LETTER

		COVERL			
	stration Section sion of Corporations		1 3		
SUBJECT:	JCDELETRONICSI LLC				
SOBJECT.	Name of Limited Liability Company				
Dear Sir or N	∕ladam:				
The enclosed	Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerning this n	natter to the	following:		
LOVETTE D	OBSON				
····	Name of Person		_		
INCFILE.CO	M LLC				
	Firm/Company		_		
17350 STATE	E HWY 249 #220				
	Address				
HOUSTON,	ΓEXAS 77064				
	City/State and Zip Code				
EFILE1234@	INCFILE.COM				
E-mail	address: (to be used for future annua	report notif	ication)		
For further in	nformation concerning this matter, ple	ease call:			
LOVETTE D	OBSON	888 at (462-3453)		
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number		
Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	osed is a check for the following an	nount:			
S \$2	25 Filing Fee	- \$:	55 Filing Fee & Certified Copy		
INHS18 (2/14)	((((H22000255787 3)))		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000255787 3)))

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 o			
	1125 MUNSTER COURT		1125 MU	NSTER COURT			
	POINCIANA, FL 34759		POINCIA	NA, FL 34759			
	05/18/2021		L21000231	1452			
	Date of filing/registration in Florida	4.		Document nui	mber		
(a)	Registered Agent and Registered Office shown on the record			_			
	Registered Agent and Registered Office shown on the record	ls of the Ploric	ia Dept. of Sta	ate:			
	INC SOLUTIONS, LLC						
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>(2)</u>				
	28 W FLAGLER STSTE 300B						
	MIAMI	. FL ³³¹³⁰		_	5 50	20.	
		, - — <u>—</u> —				2022 JUL	
(b)	Enter name of NEW Registered Agent and/or NEW Regist				を開	F	_ A
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office a	ddress:		SS (5)	28	≓≥₹
	VIDA MAXIMA CORP					2	
	NEW Registered Office Address:				27	ğ	<u>_</u>
	2431 Aloma Ave Suite 131				E E	50	
	Winter Park	, FL		_			
iange gent v as/w	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	the register d liability over ers of the lin	red office ar ompany, it nited liabili	nd the business is hereby confir ity company or	office of the	e regi e cha	istered inge(s)
)où	ro Cid Shortes Batista	Jai	o Cid Santo:	s Batista			
gigna	ture of a member or authorized representative of a member			Printed or typed	name of sign	ee	
here	by accept the appointment as registered agent and ions of all statutes relative to the proper and compi ligations of my position as registered agent as prov ely reflect a change in the registered office address	agree to ad	t in this cap nance of my	pacity. I further duties, and I ar	r agree to co m familiar v	omply vith d	with the

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