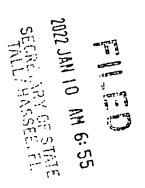
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(Re	equestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	JV STRATEGIC SOLUTIONS LLC				
JOBOL		Name of Limited Liability Company			
Dear Sir	or Madam:				
The encl	losed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this mat	ter to the following:			
RUSSEL	L WILLIAMS				
	Name of Person				
R. WILL	JAMS, P.C.				
	Firm/Company				
333 EAS	T 46TH STREET #1F				
	Address				
NEW YO	ORK, NY 10017				
	City/State and Zip Code				
RUSSEL	LWILLIAMSNY@GMAIL.COM				
E-1	mail address: (to be used for future annual re	port notification)			
For furth	ner information concerning this matter, pleas	e call:			
RUSSEL	L WILLIAMS	347 6918193			
	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 amo	unt:			
	■ \$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.

Name of the limited li	ability company: JV STRATEGI	C SOLUTION	SLLC
6129 MEGANS BAY	ORIVE, NAPLES, FL 34113	(b)	6129 MEGANS BAY DRIVE, NAPLES, FL 34113
Principal office	address of limited liability company: <u>(UST BE STREET ADDRESS)</u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
APRIL 28, 2021			21000244629
Date of fil	ing/registration in Florida	4.	Document number
a)	Registered Office shown on the records	0.4 24	
Registered Agent and F JOHN VARRICCH		of the Florida D	ept. of State;
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	TADDILLO	
5023 ANDROS AV	ress - <u>(MUST BE FLORIDA STREE</u> ENLIE	<u>a Appkrasj</u>	
NAPLES		FL	SECRET
			AHAR TO
Enter name of NEW R	egistered Agent and/or NEW Register	red Office addr	ে শুকু
	· · · · · · · · · · · · · · · · · · ·		(A) - (4 THE (A)
JOHN VARRICCH	10		5
NEW Registered Office			ri G
6129 MEGANS BA	Y DRIVE		
)			
NAPLES		FL	
ge or changes are mad will be identical. Ør	e, the Florida street address of the the case of a Florida limited	he registered liability com	ate of Florida, it is hereby confirm office and the business office of the pany, it is hereby confirmed that the disability company or as otherwise.
ticles of organization	or the operating agreement of the	ne limited liab	pility company.
4 ch	VW	JOHN	VARRICCHIO
	orized representative of a member		Printed or typed name of signee
sións of all statútes re bligations of mv/Bosit	elative to the proper and comple ion as registered agent as provid in the registered office address.	le performand ded for in Cha	this capacity. I further agree to comply with the configuration of the comply with the complex of the complex o

Signature of Registered Agent