## L21000274578

(Requestor's Name)				
(requestor s name)				
(Address)				
(100035)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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12.03.02-0.022-0.05.00

FILED 2022 DEC -9 PHI2: 50

FEB 2 8 2023

COVER	LETTER	•
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**TO:** Registration Section Division of Corporations

JK & COMPANY, LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER KAFER

Name of Person

Firm/Company

4210 W. ESTRELLA ST.

Address

TAMPA, FL 33629

City/State and Zip Code

CKAFER@RUSSELLLANETECHNOLOGY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER KAFER	813 at (	944-9973
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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

## STÅTEMENT 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.

2. (a)	4210 W. ESTRELLA ST., TAMPA, FL 33629	(b)	4210 W. ESTRELLA ST., TAMPA, FL 33629
()	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/11/2021	L	21000274578
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION SYSTEM Registered Agent and Registered Office shown on the records	of the Florida I	Dept. of State:
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 1200 SOUTH PINE ISLAND ROAD	T ADDRESS)	
	PLANTATION	FL	
(b)	CHRISTOPHER KAFER		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addr	
	NEW Registered Office Address:		PH12: 50
	4210 W. ESTRELLA ST.		
	ТАМРА,	FL	
change agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	he registered liability com s of the limit	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
		JENN	IFER KAFER
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

د Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00