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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803

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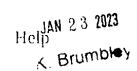
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LLC REGISTERED AGENT CHANGE JETCALLS LLC

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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.

L Na	ame of the limited liability company: Jetcalls L	LC					
2. (a)	, , , <u> </u>	(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address o (Note: MAY B		•	
	7901 4th St N STE 300		7901 4	th St N ST	E 300		
	St. Petersburg FL 33702	_	St. Peter	rsburg FL 3	3702		
	08/06/21		L2100	035530	6		
3.	Date of filing/registration in Florida	4.		Document nu	mber	·····	
5. (a)	BUSINESS FILINGS INCORPORATED)					
, (,	Registered Agent and Registered Office shown on the records of th	e Floric	la Dept. of State	- -			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>S)</u>				
	Plantation	3332	4		<u>:-</u>	2023.	
(h)	Registered Agents Inc					2023 JAN 20	수 일하철
	Enter name of NEW Registered Agent and/or NEW Registered C)ffice ac	idress.	•			
	7901 4th St N				 +-	PM 2:	Ė
	NEW Registered Office Address			•		50	
	STE 300		·				
	St. Petersburg	3370	2				
he cha igent v vas/we he arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of eles of organization or the operating agreement of the liabers.	s of the he reg pility c the lit imited	e State of Flo istered office ompany, it is nited liability	and the busir s hereby confi- y company or apany.	ress officerned that	e of the the ch	registered ange(s)
Signa	ture of a member or authorized representative of a member			Printed or typed	I name of si	gnee	
rovisi he obl o mere wijiee	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change. (4) Comp. David Roberts - Assistant	erforn for in ereby c	vance of my a Chapter 605 confirm that i	acity. I furthe luties, and I a , F.S. Or, if the limited lia.	r agree to m familia his docum bility com	compler with nent is l npany h	ly with the and accept being filed as been
	do reference in a supplemental in the suppleme						

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Signature of Registered Agent