Florida Department of State

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone | : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE BE LIKE JAZZ 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 N	ame of the limited liability	company: BE LIKE	JAZZ I	LLC		
2. (a)		. , –	(b)			
- · · · · ·	Principal office address	of limited liability company: ESTREET ADDRESS)			tailing address of limited lia (Note: MAY BE POST Of	
	08/12/21		 L2	21000	0363360	
3.	Date of filing/reg	stration in Florida	4.		Document number	
5. (a)	WILSON, JASMIN	ј Е М				
		d Office shown on the records of t	he Florida Dej	pt. of State:	:	
	13444 N.W. 5TH I	LACE				202
	Registered Office Address (MUST RE FLORIDA STREET A	DDRESS)			1823 JAH - 4
	PLANTATION		33325			***
(h)		istered Agent LLC				AH KD: 30
	Enter name of NEW Registere	Agent and/or NEW Registered	Office addres	<u>\$</u> :		õ
	7901 4th St N			-1		
	NEW Registered Office Addre	k :				
	STE 300					
	St. Petersburg	, FL_	33702			
the cha agent v was/wa the arti	inge or changes are made, to will be identical. Or, in the ere authorized by an affirm icles of organization or the	not organized under the law he Florida street address of case of a Florida limited lia ative vote of the members o operating agreement of the	the registere bility comp I the limited	ed office any, it is Hiability	and the business office hereby confirmed that company or as otherwi	of the registered the change(s)
	Nut Smil		Nat S			
_	ture of a member or authorized re	ĺ			Printed or typed name of sig	
provisi the obl to merc notifiga	ions of all statities relative igations of my position as ely reflect a change in the i d in writing of this change.	1	verformance for in Chaj ereby confi	e of my d prer 605, rm that ti	luties, and Lam familia	r with and accept-
- / Van	~ Tay	or Newman - Assistant	Secretary	У		

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

Signature of Registered Agent