121000402739

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Labiness Charly Herrie)		
(Document Number)		
(Bootine No. 11561)		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2023

LAW OFFICE OF L. JACK GIBNEY 8777 SAN JOSE BOULEVARD SUITE 801 JACKSONVILLE, FL 32217 DEC 1 9 2023

SUBJECT: RESEEKIN LLC Ref. Number: L21000402739

We have received your document for RESEEKIN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 923A00028281

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Reserving LLC Name of Limited	l 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:			
L. Jack Gibney Name of Person			
Law Office of L. Jack Gibne Firm/Company	<u>y</u>		
8777 Son Juse Blvd., Suite 80 Address	<u>) </u>		
Jacksonville FL 32217 City/State and Zip Code			
E-mail address: (to be used for future annual report no	nification)		
For further information concerning this matter, please call:			
Name of Person at (90	4) 443-7770 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 amount:			
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

1. Name of the limited liability company: LESCEKIN	
2. (a) 4320 Decrusical ake Parkung (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<u> #101-121 </u>	
Jacksonville, FZ 322/10	
	L21000402739
3. Date of filing/registration in Florida 4.	Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida D	ACES Dept. of State:
155 Office Plaza Drive Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
1ST FICOL	
Talkhassee , FL 323	<u>۵</u>
(b)	2024 JAN 22
LGIO CRECE OF L. Jack Gibne NEW Registered Office Address:	بالمراسم كالأراث والمراث
8777 San Jose Blvd Suite	801
Jacksonville , FL 3221	7
If the limited liability company is not organized under the laws of the St. change or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida limited liability compass/were authorized by an affirmative vote of the members of the limite the articles of organization or the operating agreement of the limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
the two State Hea	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provided for in Cha to merely reflect a change in the registered office address, I hereby confinctified in writing of this change.	inis capacity. I jurther agree to comply with the see of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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

Signature of Registered Agent