

L21000408834

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

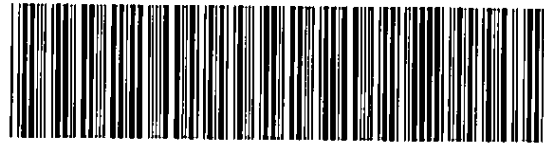
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CORPORATIONS

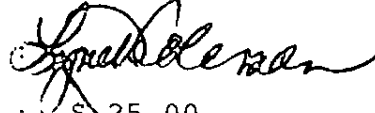
OCT 6 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 999486 8356896

AUTHORIZATION



COST LIMIT : \$ 25.00

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ORDER DATE : September 15, 2021

ORDER TIME : 2:11 PM

ORDER NO. : 999486-010

CUSTOMER NO: 8356896  
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CHANGE OF AGENT

NAME: LSJB LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**SUBJECT:** LSJB LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

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Name of Person

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Firm/Company

---

Address

City/State and Zip Code \_\_\_\_\_

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**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

**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: LSJB LLC
2. (a) 111 SE 1ST AVENUE  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
318  
DELRAY BEACH, FL 33444
- (b) 111 SE 1ST AVENUE  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
318  
DELRAY BEACH, FL 33444
3. 09/15/2021 Date of filing/registration in Florida
4. L21000408834 Document number
5. (a) BAKER, EYLIENA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1201 HAYES STREET  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TALLAHASSEE, FL 32301
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

FILED  
2021 OCT -7 AM 9:16  
TALLAHASSEE, FL  
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ SUSAN BALTRUS

Signature of a member or authorized representative of a member

SUSAN BALTRUS

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.*

CHARLENE SATI, ASST. VP. 10-6-21

Signature of Registered Agent

*Charlene Sati*

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