121000431847

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Only State Ziph Home #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
· —		
Special Instructions to Filing Officer.		

Office Use Only



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LLC PATRO Change



A. RAMSEY JAN 23 2024

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2023

DEC 1 9 2023

Letter Number: 323A00028283

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

SUBJECT: EDVIAN LLC Ref. Number: L21000431847

We have received your document for EDVIAN 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

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Edvign LLC Name of Limited Liability Company			
Name of Emined Elability 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 TACK GLANSY			
L. JACK GIBNEY Name of Person			
/			
Firm/Company			
8777 SAN JOSE BONGUALD, SUTE 301			
Address			
TACKSONVILLE FLORIDA 32217 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jack Gibney at 904, 443-7770 Name of Person Area Code & Daytime Teleph	one Number		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Su Tallahassee, FL 32303	ite 810		
Enclosed is a check for the following amount:			
☐ \$25 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. N	Name of the limited liability company: Edvico LLS	2
2 (a)	a) 4320 Deerwood Lake Parkuky (b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX.
	#101-121	
	Jacksonville, FL 32216	
	10/1/2021	L21000431847
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	a) Rocket Lawyer Comporate Ser Registered Agent and Registered Office shown on the records of the Florida I	Dept. of State:
	155 Office Plaza Drive	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	7
	1ST F1000	- 1 - E
	Tallangsee , FL 323	面1
(b)	Enter name of NEW Registered Agent and or NEW Registered Office add	<u></u>
• • •	Enter name of NEW Registered Agent and or NEW Registered Office add	cess:
	Law Office of L. Jack Gibney NEW Registered Office Address:	
	8777 San Jose Blvd. Swit	te 801
	Jacksonville , FL 322	.17
change agent v	c limited liability company is not organized under the laws of the S ge or changes are made, the Florida street address of the registered t will be identical. Or, in the case of a Florida limited liability comwere authorized by an affirmative vote of the members of the limit sticles of organization or the operating agreement of the limited lia	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
		Printed or typed name of signee
-	•	
provisi the obi to mer notifie	reby accept the appointment as registered agent and agree to act in isions of all statutes relative to the proper and complete performan bligations of my position as registered agent as provided for in Ch erely reflect a change in the registered office address, I hereby con ted in writing of this change	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
C:	niture of Registered Agent	
Signali	inte of Verreign Ways ()	