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C. BRUMBLEY
JAN 27 2022

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JR PREMIER Name of Lin	FINISHES LLC mited 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	r to the following:	
JASON ROHLFS Name of Person		
JR PREMIER FINES	HES LLC	
6817 S. Sparkman St. Address		
TAMPA FT. 336/6 City/State and Zip Code	<del></del>	
jkadin 7280 amail. C E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
JAson Rohlfs at ()	813) 401-5025 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	

INH\$18 (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: JR PREMIER FINISHES LLC
2. (a) 68175. Sourkman St.  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  (b) 68175. Sourkman St.  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Tanpa F1. 33616 Tampa FT. 33616
1/30/2021
5. (a) United States Corporation Agents Tuc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. Semoran BLVO.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Orlando FL 32822 \$ 7
Enter name of NEW Registered Agent and/or NEW Registered Office address:  6817 S. Sparkman St.  NEW Registered Office Address:
<del>-</del> . <del></del>
Tampa FL 3366
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.  Signature of a member or authorized representative of a member  Printed or typed hame 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 affice address. I hereby confirm that the limited liability company has been notified in writing of this change.
Signature of Registered Agent

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