Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC REGISTERED AGENT CHANGE JUPITUR LLC

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Help

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	ame of the limited liability company: JUPITU	R LLC	
2. (a)	·	(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)
	01/19/22	L220	000036768
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, UNITED STATES CORPORATION A	AGENTS, INC	· .
(a	Registered Agent and Registered Office shown on the records		
	5575 S. SEMORAN BLVD.		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	SUITE 36		2.
	ORLANDO	_{FL} 32822	1022 DEC 20
			— B
(b)			20 Text
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	🚘 बह्मे
	7901 4th St N		4 4 4 4 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1
	NEW Registered Office Address:		27
	STE 300		Hiberorine
	St. Petersburg	_{FL} 33702	
the ch agent was/w the art Signa	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member icles of organization or the operating agreement of the track of a member of authorized representative of a member or by accept the appointment as registered agent and a tions of all statutes relative to the proper and completingations of my position as registered agent as provided.	of the registered off liability company, s of the limited liab he limited liability company. Riley Par	fice and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in company. K Printed or typed name of signee capacity. I further agree to comply with the

Signature of Registered Agent

Bill Havre

- Assistant Secretary