

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

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TAH AHASSEE, FL

## **COVER LETTER**

	gistration Section vision of Corporations					
SUBJECT	JK Family Consulting LLC					
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.			
Please retur	m all correspondence concerning t	his matter to th	ne following:			
Janet Kelley						
-	Name of Person		<del></del>			
JK Family C	Consulting LLC					
	Firm/Company					
5536 Hwy A	A1A, Unit 209					
-	Address					
Vero Beach.	FL 32963					
	City/State and Zip Code	,,,	<del></del>			
janetkelley3	000@gmail.com					
E-ma	il address: (to be used for future ar	nual report no	tification)			
For further	information concerning this matte	r, please call:				
Janet Kelley	•	616 at (	401-8530			
	Name of Person		Area Code & Daytime Telephone Number			
Re Di P.(	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the followin	g amount:				
	\$25 Filing Fee	0	\$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.

a)	5536 Hwy A1A, Unit 209	$\epsilon$	5536 Hwy	y A1A, Unit 209
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Vero Beach, FL 32963		Vero Beac	ch, FL 32963
	1/28/2022		L22000050	136
'a\	Date of filing/registration in Florida Business Filings Incorporated	4.		Document number
(a) (b)	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	the Florid	a Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Plantation, FL 33324			2022 JUL 29 SEVALLAHA
	, FI			L29 PH
	Janet Kellcy	- Series S		
	Enter name of NEW Registered Agent and/or NEW Registered 5536 Hwy A1A, Unit 209	l Offi <u>ce a</u>	ddress:	- :: FL :: •
	NEW Registered Office Address:			
	Vero Beach . FI	32963		_
nge nt v s/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ability of of the lin	ompany, it nited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in
	Sout Kelly	Jan	et Kelley	Printed or typed name of signee
ere ovis obi ner	ture of a nember or authorized opresentative of a member  by accept the appointment as registered agent and ag- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn d for in hereby c	et in this cap nance of my Chapter 60 confirm that	pacity. I further garee to comply with th