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## LLC REGISTERED AGENT CHANGE ADAMS JK ENTERPRISE LLC

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## 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: ADA	AMS JK ENT	<b>TERPRISE</b>	LLC
	, i			
	Principal office address of limited Hability com (Note: MUST BE STREET ADDRESS)	pany:	Mailing address of limited (Note: MAY BE POST	liability company:
	02/16/22	L22(	0007819	7
3.	Date of filing/registration in Florida	4.	Document number	
5 (a)	ADAMS, KELLI			
J. (2)	Registered Agent and Registered Office shown on the n	ecords of the Florida Dept. of Sta	te:	
	10718 FIREBRICK COL	URT		2
	Registered Office Address (MUST BE FLORIDA S	<del>"</del>	_	2023 F r c
			<u>-</u>	t u d
	TRINITY	. FL 34655		26
				—————————————————————————————————————
(b)	Registered Agents In	= ur. = u	<del></del>	<u>'</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	egistered Office address:	-	30
	7901 4th St N		••	
	NEW Registered Office Address:			
	STE 300		_	
	0. 5	00700		
	St. Petersburg	, <sub>fl.</sub> 33702	_	
the cha agent v was/w	imited liability company is not organized unde ange or changes are made, the Florida street ad will be identical. Or, in the case of a Florida lie ere authorized by an affirmative vote of the me icles of organization or the operating agreemen	dress of the registered offic mited liability company, it embers of the limited liabili	te and the business offi is hereby confirmed th ty company or as other	ice of the registered at the change(s)
10	1 1	المناب	• •	
Signa	The of a member or Authorized representative of a member	ei 11001110	Printed or typed name of	signee
provisi the obi to mer	by accept the appointment as registered agent ions of all statutes relative to the proper and co igations of my position as registered agent as ely reflect a change in the registered office add d in writing of this change.	and agree to act in this cap omplete performance of my provided for in Chapter 60 dress, I hereby confirm that	oncity. I further agree duties, and I am famil 5, F.S. Or, if this docu the limited liability co	to comply with the liar with and accept iment is being filed ompany has been

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

David Kalents - Assistant Secretary

Signature of Registered Agent