7/10/24, 11:09 AM

To: 18506176383

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Fax: 81343652 Division of Corporations

Florida Department of Store

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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LLC REGISTERED AGENT CHANGE **OPTIMISTIC LUXURIANS LLC**

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JUL 1 1 2024

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.	Na	me of the limited liability company:	JRIANS LLÇ		
2. ('a)		(b)		
`		Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		03/10/22		123139	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	GORDON, WAYNE E, JR.			
. (u	()	Registered Agent and Registered Office shown on the records of the			
		9022 NW 28TH DR.			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		Apt. 211			
(b			33065		
	(b)	Northwest Registered Agent LLC	APPRO AN FILI SECRETARY SALLAHASS		
	,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		7901 4th St N		AROVE SSETS —	
		NEW Registered Office Address:			
		STE 300			
		St. Petersburg , F1.	33702		
the i agei was	cha nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registered of bility company, the limited liat	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
	_/	MAT GWINTY	Nat Smith		
I he prov the to m	ret visit obli tere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I ha it in writing of this change. Taylor Newman - Assistant Seconds agent agent as provided.	performance of for in Chapter creby confirm t	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	