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A. RIVERS
MAR 15 2023

COVER LETTER

TO:	Registration Section Division of Corporations		•			
SUBJ	ECT: JINI Accounting and Bookkeepi					
		Name of Limited L	Liability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
Nina I	Irizarry					
	Name of Person					
JINI A	eccounting and Bookkeeping Services, L	LC	_ _			
	Firm/Company					
7969 I	larbor Bend Cir (previous address: 328)	SE 19th Terrace)	<u></u>			
	Address					
Orland	lo, FL 32822 (previous address: Cape Co	oral, FL 33909)				
	City/State and Zip Coo	ie				
jiniaco	tandbkkgservices@gmail.com					
	E-mail address: (to be used for future	annual report notif	fication)			
For further information concerning this matter, please call:						
Nina I	. Arizarry	at (_ 407) 49759 7 7			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
			Tallahassee, FL 32303			
	Enclosed is a check for the follow	ing amount:				
	□ \$25 Filing Fee	a \$	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.

I. Na	ume of the limited liability company: JINI Accounting	g and Bookkeep	ping Services, LLC
2. (a)	Nina L Irizarry	(b) ×	Sina L Trizarry
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7969 Harbor Bend Circle	79	969 Harbor Bend Circle
	Orlando, FL 32822		rlando, FL 32822
	3/14/2022		2(XX)125959
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Cheyenne Moseley, US Corp Agents		
(,	Registered Agent and Registered Office shown on the records of	t the Florida De	pt, of State.
	United States Corporation Agents, Inc.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	5575 S. Semoran Blvd. 36		
	Odenda	. 22022	
	Orlando F	L <u>32822</u>	
(b)	Nina L Irizarry		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addres	 <u>^</u>
			No. of the second secon
	Nina L Irizarry		
	NEW Registered Office Address:		
	7969 Harbor Bend Circle		The state of the s
			一 置
	Orlando F	T. 32822	(2) · 2
	` .	<u> </u>	<u> </u>
change agent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members ares of organization or the operating agreement of the	e registered o iability comp of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
-1/n	in I lisam	Nina L	Ітіхаггу
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I him writing of this change	ree to act in is performance ed for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatu Signatu	ry at Registered Ament		