Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Rmail Address:

9

LLC REGISTERED AGENT CHANGE JIVA FINANCIAL SERVICES LLC

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AUG 0 2 2022

K. Brumbley

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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.

L N	lame of the limited liability company:	ervices LL	C 	
2. (a)		.,		
ŕ	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limited liability company (Note: MAYBE POST OFFICE BOX)
	12574 Flagler Center Boulevard Suite 101,		12574 Flag	gler Center Boulevard Suite 101,
	Jacksonville, FL, US, 32258	_	Jacksonvill	le, FL, US, 32258
	04/01/2022		L220001588	309
3.	Date of filing/registration in Florida	4.		Document number
5 (\			
5. (a)	Registered Agent and Registered Office shown on the records o UNITED STATES CORPORATION AGENTS, INC.	f the Florida	i Dept of State	_ c
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>ম</u>	-
	5575 S. SEMORAN BLVD. 36			
	ORLANDO F	32822 L_		2022. SEQ.
(þ	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			SECRETARS
	Enter name of NEW Registered Agent and/or NEW Registere	d Office at	<u>ldress</u>	
	LEGALINC CORPORATE SERVICES INC.		PH 3: 02	
	NEW Registered Office Address			
	5237 SUMMERLIN COMMONS BLVD, SUITE 400			
	FORT MYERS	33907		_
chang agent was/v the ar Sign I her provi the out to me notifi	Timited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the Cynthia Holden asture of member or authorized representative of a member seby accept the appointment as registered agent and as signs of all statutes relative to the proper and complete bligations of my position as registered agent as provided the reflect a change in the registered office address. I see in writing of this change. With the company is not organized under the lagrange of this change.	e register iability ec of the lin e limited Cyr	ed office and ompany, it is nited liability liability com othia Holden	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in inpany. Printed or typed name of signee

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