## L22000174375

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

| то:     | Registration Section Division of Corporations |   |  |  |  |  |  |  |  |
|---------|---|---|--|--|--|--|--|--|--|
| SUBJE   | J.ROSE ART LLC                                |   |  |  |  |  |  |  |  |
|         | Name of Limited Liability Company             |   |  |  |  |  |  |  |  |
| Dear Si | ir or Madam:                                  |   |  |  |  |  |  |  |  |
| The end | closed Registered Agent/Registered Offi       | e Change and fee(s) are submitted for filing.             |  |  |  |  |  |  |  |
| Please  | return all correspondence concerning thi      | matter to the following:                                  |  |  |  |  |  |  |  |
| JOAN I  | ROSE  |   |  |  |  |  |  |  |  |
|         | Name of Person                                | <del></del>   |  |  |  |  |  |  |  |
| J.ROSE  | E ART LLC                                     |   |  |  |  |  |  |  |  |
|         | Firm/Company                                  |   |  |  |  |  |  |  |  |
| 9528 C. | AMINO COVE                                    |   |  |  |  |  |  |  |  |
|         | Address                                       |   |  |  |  |  |  |  |  |
| BRADE   | ENTON, FL 34210                               |   |  |  |  |  |  |  |  |
|         | City/State and Zip Code                       |   |  |  |  |  |  |  |  |
| joans42 | 6@icloud.com                                  |   |  |  |  |  |  |  |  |
| E.      | -mail address: (to be used for future ann     | al report notification)                                   |  |  |  |  |  |  |  |
| For fur | ther information concerning this matter,      | lease call:   |  |  |  |  |  |  |  |
| JOAN E  | ROSE  | NOT APPLICABLE  |  |  |  |  |  |  |  |
|         | Name of Person                                | Area Code & Daytime Telephone Number                      |  |  |  |  |  |  |  |
|         | Mailing Address:                              | Street Address:   |  |  |  |  |  |  |  |
|         | Registration Section Division of Corporations | Registration Section Division of Corporations             |  |  |  |  |  |  |  |
|         | P.O. Box 6327                                 | The Centre of Tallahassee                                 |  |  |  |  |  |  |  |
|         | Tallahassee, FL 32314                         | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |  |  |  |  |  |  |  |
|         |   |   |  |  |  |  |  |  |  |
|         | Enclosed is a check for the following         | mount:  |  |  |  |  |  |  |  |
|         | ■ \$25 Filing Fee                             | ☐ \$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.

| د. (a)                       |   |  |                                |   |                                       |   |  |  |   |
|------------------------------|---|--|--------------------------------|---|---------------------------------------|---|--|--|---|
| 2. (a)                       | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)  | <u>/:</u>  | b)                             |   |                                       |   |  |  | lity company  |
|                              | 9528 CAMINO COVE  |  | 95                             | 528 CA                                  | MINO                                  | COVE                                    | :  |  |   |
|                              | BRADENTON, FL 34210   |  | В                              | RADE                                    | ENTON, FL 34210                       |   |  |  |   |
|                              | 04/12/2022  |  | L22                            | 200017                                  | 4375                                  |   |  |  |   |
| 3.                           | Date of filing/registration in Florida  | 4.   |                                |   | Doc                                   | ument                                   | number   |  | ·   |
| 5. (a)                       |   |  |                                |   |                                       |   |  |  |   |
| . ()                         | Registered Agent and Registered Office shown on the recoruNITED STATES CORPORATION AGENTS, INC  |  | a Dep                          | ot, of St                               | ate:                                  |   |  |  |   |
|                              | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  |                                |   |                                       |   | <b>₩</b>   | 29                                     | <b>;</b>  |
|                              | 5575 S. SEMORAN BLVD. 36  |  |                                |   |                                       |   | 2023 MAY   |  | ;<br>   |
|                              | ORLANDO   | , FL_32822   |                                |   |                                       |   | LAHASSER   | AY -                                   | C++-  |
|                              |   |  |                                |   |                                       |   | SEE  | . œ                                    | *   |
| (b)                          | Enter name of NEW Registered Agent and/or NEW Regis   |  |                                |   |                                       |   |  | 3                                      |   |
|                              | Enter name of NEW Registered Agent and/or NEW Regis   | <u>tered Utlice ac</u>   | <u>ldres</u>                   | <u>s</u> :                              |                                       |   | EE, FLORIDA                                      | 9: 57                                  |   |
|                              | JOAN ROSE   |  |                                |   |                                       |   | A  | 1 -1                                   | J   |
|                              | NEW Registered Office Address:  |  |                                |   | _                                     |   |  |  |   |
|                              | 9528 CAMINO COVE  |  |                                |   | _                                     |   |  |  |   |
|                              | BRADENTON   | , FL <sup>34210</sup> !  | •                              |   | ı                                     |   |  |  |   |
|                              |   |  |                                | •                                       | _                                     |   |  |  |   |
| hange                        | mited liability company is not organized under th<br>or changes are made, the Florida street address of   | f the register   | ed of                          | ffice ar                                | nd the                                | busine                                  | ess office                                       | of the                                 | e registered  |
| vas/we                       | vill be identical. Or, in the case of a Florida limite<br>are authorized by an affirmative vote of the membor<br>cles of organization or the operating agreement of   | ers of the lin   | iited                          | liabili                                 | ty con                                | npany (                                 |  |  |   |
| $\sum_{i}$                   | ramie & Da  | JO?  | N R                            | OSE                                     |                                       |   |  |  |   |
| _                            | are of a member or authorized representative of a member  |  |                                |   |                                       | -                                       | ped name   | -                                      |   |
| rovisio<br>he obti<br>o mere | by accept the appointment as registered agent and<br>ons of all statutes teletive to the proper and comp<br>igations of my position as registered agent as proving<br>It is reflect a change in the registered office addres.<br>I'in writing of this change. | l agree to act<br>lete perform<br>vided for in C<br>s, I hereby co | in ti<br>ance<br>Chap<br>Onfir | his cap<br>of my<br>oter 60.<br>om that | pacity.<br>dutie:<br>5, F.S<br>the li | l furti<br>s, and l<br>Or, i<br>mited l | her agre<br>I am fam<br>f this doc<br>iability c | e to co<br>iliar w<br>cument<br>compai | mply with<br>with and ac<br>t is being fi<br>ny has bee |
|                              | · • Y   |  |                                |   |                                       |   |  |  |   |
| <u>- ' \</u>                 | of Registered Agen  | -  |                                |   |                                       |   |  |  |   |