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## COVER LETTER

**Registration Section** TO: Division of Corporations

SUBJECT: Jinny Zhou Chartens LLC Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kichand Goodwin JIMMY ZLOU Charters LLC Firm/Company 2521 Caslotti Way Cape Coral, Fl 33909 City/State and Zin Code R GOODWINGOQ Yahoo. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Goodwin at (239) 834-6528 Name of Person Area Code & Davtime Telephone Number

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

## 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. Nai	ne of the limited liability company: JIMMY Zhou Charters LLC
2. (a) _	2521 Caslotti Way (b) 2521 Caslotti WAY
	Principal office address of limited liability company: Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> ) ( <u>Note: MAY BE POST OFFICE BOX</u> ) $( \bigcirc \bigcirc$
	Cape Coral, FI 33909 Cape Coral, FI 33909
	011 12 0022
3.	<u>04-13-2022</u> Date of filing/registration in Florida 4. <u>L22000176752</u> Document number
5. (a)	United States Corporation agents INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	<u>H76</u> <u>Kivenside</u> <u>Wve</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Jacksonville FL 32202   Richand Goodwin FL 32202   Einter name of NEW Registered Agent and/or NEW Registered Office address: FI
	Jacksonville FL 32202
(6)	Richand Goodwin Einter name of <u>NEW Registered Office address</u> :
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
	2521 Caslotti Way
	NEW Registered Office Address:
	Cons And 33407
	Cape Coral , FL 33409
	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
agent w	or changes are made, the Florida street address of the registered office and the business office of the registered (ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	re authorized by an affirmative voto of the members of the limited liability company or as otherwise provided in eles of organization or the operating agreement of the limited liability company.
	Bichard Goodwin
Signat	ure of a member of authorized representative of a member Printed or typed name of signee
1 herel	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and Lam familiar with and accept
the oblice to mere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed Ty reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change
notified	l'in writing of this ghange
	<u> </u>

Signature of Registered Agent

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

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