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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE MS JEN'S SWIM SCHOOL LLC

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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.

1. No	ms Jeos Swim Sch ame of the limited liability company:	noof LLC	
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)	
	7901 4th St N STE 300	7901 4	th St N STE 300
	St. Petersburg FL 33702	St. Peti	ersburg FL 33702
	07/08/2022	L220003	05227
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of	State
	476 Riverside Ave.		
	Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDRESS)</u>	
	Jacksonville, FL.	32202	
(b)	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered 6</u>	Hice address:	TALL TALL
	7901 4th St N		FILE A 20 A SECRETARY CALLAHASSEE
	NEW Registered Office Address:		SSE O III
	STE 300		
	St. Petersburg . FL	33702	AN 9: 30 OF STATE EF, FLORIDA
the cha agent was/we the arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	the registered of bility company, `the limited liab	Tice and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in
provisi the obl. to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. The fin writing of this change.  David Roberts - Assistant Sec	performance of i for in Chapter i ereby confirm th	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

Signature of Registered Agent