L22 000 363 580

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

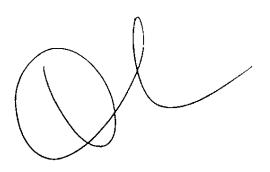
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations										
SUBJI	FCT: JE FIELD INSPECTIONS	S LLC									
CCDU	Name of Limited Liability Company										
Dear S	ir or Madam:										
The en	closed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.								
Please	return all correspondence concernin	g this matter to the	following:								
Meli	ssa Jones										
	Name of Person		_ 								
ZenBu	siness Inc.										
	Firm/Company			78 7							
336 E.	College Ave. Suite 301		SELEE FARY OF STATE	2 OCT -							
	Address		<u> </u>	<u>.</u>	\$						
Tallaha	ossee, FL 32301		 단() 단() 기대	AH 8:							
	City/State and Zip Co	de	— TAT	27							
ta@zei	nbusiness.com										
E	-mail address: (to be used for future	annual report noti	fication)								
For fu	ther information concerning this ma	tter, please call:									
Melis	ssa Jones	844 at (493-6249	_							
	Name of Person		Area Code & Daytime Telephone Numbe	<u> </u>							
	Mailing Address: Registration Section		Street Address: 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	ving amount:									
	SS \$25 Filing Fee	- 1	555 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.

1. Na	ame of the limited liability company: JE FIELD	INS	3P	ECTIO	ONS LLC			
2. (a)	EZE INDIAN DOOKO DO N		(b)	575 IN	IDIAN RO	CKS	s Ri	O N
-: (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,		Mailing address of lim (Note: MAYBEP)	ited liab	ility co	mpany:
	BELLEAIR BLUFFS, FL 33770	 		BELLE	AIR BLUF			-
		_				·		
	08/18/2022		L	.22000	0363580			
3.	Date of filing/registration in Florida	4.		- 1	Document numbe	τ		
5. (a)	VIZCARRONDO, JAIME							
J. (a)	Registered Agent and Registered Office shown on the records of the	be Flori	da I	Pept. of State	E			
	575 INDIAN ROCKS RD N							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>221</u>	·				
	BELLEAIR BLUFFS FL	<u>337</u>	<u>'7(</u>)		(4) (4)	2022	
(b)	ZenBusiness Inc.						0CT -	1
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ıddı	<u>'ess:</u>		\$ 7.	7	(Section)
	336 E. College Ave. Suite 301						AM 8:	
	NEW Registered Office Address:						: 27	
	Tallahassee, FL	32301						
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of	registe pility of the li	red on mit	office and pany, it is ed liability	I the business offi hereby confirmed company or as o	ce of the	he reg he cha	istered inge(s)
	icles of organization or the operating agreement of the l			•	pany. arrondo			
	aime Vizcarrondo ture of a member or authorized representative of a member		<u> </u>	TIG VIZU	Printed or typed nam	xe of sign	nee	
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change	e to a perform for in ereby	ct it nan Ch con	n this capa ice of my d apter 605, firm that t	icity. I further agg luties, and I am fa F.S. Or, if this d he limited liability	ree to comiliar locume v comp	compl with a ent is b eany he	wwith the and accept peing filed as been