L 22000363580

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO:	Registration Section Division of Corporations	
SURI	ECT: JE Field Inspections LLC	
50135		ne of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to the following:
Jaime	Vizcarrondo	
	Name of Person	
JE Fie	ld Inspections LLC	
	Firm/Company	
7901 4	Ith St N # 22875	
	Address	
St. Per	tersburg, FL 33702	
	City/State and Zip Code	
	nspections@gmail.com	
I	E-mail address: (to be used for future an	nual report notification)
For fu	rther information concerning this matter	t, please call:
Jaime	Vizcarrondo	at (⁷²⁷) 657-9108
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	g amount:
	⊅ \$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

. (a)	7901 4th St N # 22875	(b) 7901	4th St N # 22875	
. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg, FL 33702	St. P	etersburg, FL 33702	
	8/18/2022	L2200	0363580	
١.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ZENBUSINESS INC.		20	
). (a)	Registered Agent and Registered Office shown on the records of	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		
	336 E. COLLEGE AVE		الله الله الله الله الله الله الله الله	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	of State:	
	SUITE 301			
	TALLAHASSEE	-L 32301		
	Enter name of NEW Registered Agent and/or NEW Register 7901 4th St N	Ed Office address.		
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702 FL		
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the number of a member of a member of a member of a member.	of the registered liability compar s of the limited l he limited liabili Jaime Vizo	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. carrondo Printed or typed name of signee	
*********	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address.	パン アンペアしんりょうけんりょくりりしょう	or my anties, and Lam tamiliar with and accel	

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