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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE 4JS JANITORIAL SERVICES, LLC

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T. LEMIEÜX

MAY 0 3 2023

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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. N	nne of the limited liability company: 4JS Jar	nitorial Serv	ices, LLC
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company.
	(<u>Note: MUST BE STREET ADDRESS</u>)		(<u>Nøte: MAY BE POST OFFICE BOX)</u>
	01/03/23	L23(000006711
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INC AUTHORITY RA		
	Registered Agent and Registered Office shown on the records	of the Florida Dept. of !	State:
	390 NORTH ORANGE AVE., STE 2300-	N	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	ORLANDO .	22001	
	ORLANDO	FL 32801	
(h)	Registered Agents Inc		
· · ·	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	
	7901 4th St N		2023 K.A.A.
	NEW Registered Office Address.		
	STE 300		· <u> </u>
	St. Petersburg	_{FL} 33702	
the cha agent v was/wa	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the companization o	laws of the State of s of the registered of d liability company, rs of the limited liab	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
- 01	ture of a member or authorized/representative of a member		Robin Jones
			Printed or typed name of signee
provisi the obl to mer notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address, and writing of this change.	ete performance of n ided for in Chapter (, I hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accep- 505, F.S. Or, if this document is being filed at the limited liability company has been
xuna ()-c	David Roberts - Assist	ant Secretary	

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

Signature of Registered Agent