## 623000024832

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## **COVER LETTER**

TO: Registration Section Division of Corporations

JACKSON ENTERPRIZ LLC

SUBJECT: \_\_\_\_\_

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,

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:

ETHEL JACKSON

Name of Person

JACKSON ENTERPRIZ LLC

Firm/Company

17416 SW 33RD COURT

Address

MIRAMAR, FL 33029

City/State and Zip Code

jenterpriz@gmail.com

E-mail address: (to be used for future annual report notification)

.

For further information concerning this matter, please call:

ETHEL JACKSON 9: at (	54 443-9048
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	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 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. N	ame of the limited liability company:	ERPRIZ LLC	
2. (a)	17416 SW 33RD CT MIRAMAR FL 33029	(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)
	02/06/2023	L2300	0024832
3. 5. (a)	Date of filing/registration in Florida REPUBLIC REGISTERED AGENT LLC	4.	Document number
. (")	Registered Agent and Registered Office shown on the records of 1150 NW 72 AVE TOWER 1 STE 455	the Florida Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	MIAMI, FL	33126	
(b)			
	Enter name of <u>NEW Registered Agent and/or NEW Registered</u>	Office address:	2
	JACKSON ENTERPRIZELC CUFTIS	ackson	
	<u>NEW</u> Registered Office Address: 17416 SW 33RD CT		1.01
			2.5 (1)
	MIRAMAR, FL	33029	
cnange agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members o cles of organization or the operating agreement of the l	registered offic bility company. f the limited lia	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
(	the pack	ETHEL JAC	CKSON
Signai	ure of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of the change.

ful Signature of Registered Agent

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

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