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SECRETARY OF STATE
OF CORPORATION

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE					
	Na	Name of Limited Liability Company			
Dear Si	ir or Madam:				
The en	closed Registered Agent/Registered Of	Tice Change and	fec(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to the	following:		
JASON	HARRIS				
	Name of Person				
JAY45	LLC				
	Firm/Company				
515 E L	AS OLAS BOULEVARD, SUITE 120-F.	38			
	Address				
FORT	LAUDERDALE, FL 33301				
	City/State and Zip Code	-			
jharris	@jay45.com				
E	-mail address: (to be used for future an	nual report notif	ication)		
For fur	ther information concerning this matte	r, please call:			
JASON	HARRIS	514 at (500 2700		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the followin	g amount:			
	\$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy		
INHS18	3 (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.

LC		
38 (b) 5	15 E LAS OLAS BOULEVARD, SUIT	E 120-F38
any:	Mailing address of limited liability of (Note: MAY BE POST OFFICE	
FC	ORT LAUDERDALE	
FL.	33301	
LZ.	3000036565	
4.	Document number	
cords of the Florida Dep	t. of State:	
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gistered Office uddress		
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, FL_33301		
s of the registered of nited liability compa mbers of the limited t of the limited liabil	ffice and the business office of the re my, it is hereby confirmed that the ch liability company or as otherwise pr lity company.	gistered range(s)
and agree to act in th	his capacity. I further agree to comp of my duties, and I am Jamiliar with	oly with the
3 - al	the laws of the State of the registered of the limited of the limited liability companion of the liability	18 (b) 515 E LAS OLAS BOULEVARD, SUIT Mailing address of limited liability of Note: MAY BE POST OFFICE FORT LAUDERDALE FL 33301 L23000036565 4. Document number FORT ADDRESS Gistered Office address: PAY 30 gistered Office address: TREET ADDRESS gistered Office address: PAY 30 gistered Office address: A 33301 the laws of the State of Florida, it is hereby confirmed to of the registered office and the business office of the reited liability company, it is hereby confirmed that the clubers of the limited liability company or as otherwise prof the limited liability company. JASON HARRIS