Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE J.S. EXOTICS LLC

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4/24/2024 11:5**4**:37 FDT⁺ To: 18506176383 Page: 2/2 Fax: 8134365206

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	me of the limited liability company:					
2. (a	1)		(1	b)			
·		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		01/29/2023		L23000040	915		
3.		Date of filing/registration in Florida	4.		Document number		
5. (5. (a)	SANFILIPPO, SKYE A					
	Registered Agent and Registered Office shown on the records of the			ne:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	S)	_			
	6075 É MILTON RO		 -				
	MILTON .FL	32583			~		
	Northwest Registered Agent LLC				2024 APR		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	<u> </u>	\sim	: 			
	7901 4th St N		Ų.	7 - Egun (1			
	NEW Registered Office Address:	_	AH				
	STE 300		_	: 35			
		St. Petersburg, FL	33702		-		
the cagen	ha t v w c	mited liability company is not organized under the law ngc or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility c f the lin	istered offic ompany, it nited liabili	ce and the business of is hereby confirmed the ity company or as other	fice of th hat the cl	e registered nange(s)
	1	ure of a member or authorized representative of a member	Nat	Smith			
√Sig	1141	ure of a member of authorized representative of a member			Printed or typed name of	f signee	_
prov the c to m	isi bl. gre	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	e to ac perform for in ereby c	t in this cap tance of my Chaptèr 60 confirm that	nacity. I further agree duties, and I am Janu 15, F.S. Or, if this doc t the limited liability o	to comp iliar with ument is company	oly with the and accept being filed has been
١/ ١	/	Taylor Newman - Assistant Sec	cretary				

Signature of Registered Agent