

L23000075652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

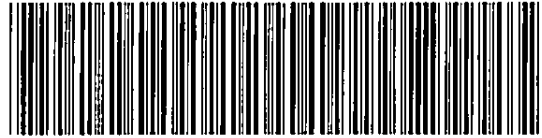
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 29, 2024

JILLIANNE IRIZARRY  
101 BENTON BLVD  
FREEPORT, FL 32439

SUBJECT: JILL'S PET SPAW LLC  
Ref. Number: L23000075652

We have received your document for JILL'S PET SPAW LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Coporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 524A00004483

**RECEIVED**

**APR 09 2024**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jill's Pet Spaw  
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:

Jillianne Irizarry  
Name of Person

Jill's Pet Spaw  
Firm/Company

101 Benton Blvd  
Address

Freeport, FL 32439  
City/State and Zip Code

jillspetspaw@gmail.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jillianne Irizarry at ( 470 ) 406-9071  
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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*already paid*

**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. Name of the limited liability company: Jill's Pet Spaw

2. (a) 101 Benton blvd Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) 101 Benton blvd Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

Freeport, FL 32439 Freeport, FL 32439

2/10/23 L23000075652

3. Date of filing/registration in Florida 4. Document number

5. (a) KHAD IJEIT IHEMMATI  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Zen Business Inc.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
336 E. College Ave Suite 301  
Tallahassee, FL 32301

(b) Jillianne Irizarry  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

101 Benton blvd  
NEW Registered Office Address:  
Freeport, FL 32439

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jillianne Irizarry  
Signature of a member or authorized representative of a member

Jillianne Irizarry  
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 this change.*

Jillianne Irizarry  
Signature of Registered Agent