Florida Department of State Division of Comporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE JACOBA WATER PROFESSIONALS LLC

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Corporate Filing Menu

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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.

2. (a)	34500 smart dr		(b)	34500 smart dr		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Zephyrhitls, F1, 33541			Zephyrhills, FL 33541		
	02/20/2023		l.	.23000091177		
3. 5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.			Document number		
	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	he Flor	ida I	Dept, of State:		
	Registered Office Address					
	Jacksonville, F1.	32202		· · · · · · · · · · · · · · · · · · ·		
	Corporate Creations Network Inc.	2024 HAR				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	addı			
	801 US Highway 1			σ <u>-</u>	- -	
	NEW Registered Office Address:		P# 2: 4	., .		
	North Palm Beach	33408				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l	ered con imit	I office and the business office of the registere apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided	ed s)	
	Kristen Espinales	K	riste	en Espinales, Attorney-in-Fact		
Signa	aire of a member or authorized representative of a member			Printed or typed name of signee		
I herei provisi the obl	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h	ev to e perfor I för il æreby	ict b man i Ch	n this capacity. I further agree to comply with nee of my duties, and I am Jamiliar with and a hapter 605, F.S. Or, if this document is being aliem that the limited liability commony has be	the ccept filed en	

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

Signature of Registered Agent