Fax: 8134365206

To: 18506176383

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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

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE ARTWORKS BY JE ENTERPRISES LLC

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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)		(b)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)					
	03/02/2023	L2	L23000111865					
3.	Date of filing/registration in Florida	4.	Document number					
5. (a	, ESCARMENT, JUNIE							
(11	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	2114 N FLAMINGO ROAD							
(b)	Registered Office Address		- ;	202ւ				
	#2059			- <u>-</u> -	2024 HAR			
	PEMBROKE PINES	FL_ ³³⁰²⁸		•	R 26	•		
	Northwest Registered Agent LLC			<u> </u>	<i>.</i>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office addre	<u>ss</u> :		9: 2			
	7901 4th St N			ယ				
	NEW Registered Office Address:							
	STE 300							
	St. Petersburg	. FI. <u>33702</u>						
the ch agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limiterere authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the register d liability comp ers of the limite	red office and the bupany, it is hereby co d liability company pility company.	usiness office infirmed that t	of the re the chang	gistered ge(s)		
Sign	nture of a member or authorized representative of a member		Printed or ty	sped name of sig	псе			
provis the ob to mer	thy accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	agree to act in lete performand ided for in Cha s. Thereby conf	this capacity. I fur we of my duties, and upter 605, F.S. Or, irm that the limited	ther agree to I am familiar if this docume liability comp	comply v with an ent is bei pany has	vith the d accept ng filed been		

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

Assistant Secretary

Taylor Newman