## Florida Department of State Division of Corporations Electronic Filing Coversheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000160664 3)))



H240001606643ABC\$

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

tz	2	1	Address:
	1	Ŧ	Address:

## LLC REGISTERED AGENT CHANGE JMX CLEANING SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

чикт -2 РН 3: Г

Electronic Filing Menu

Corporate Filing Menu

Help

C Brumbley

## 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.

(a)	13695 NE 15CT		_ (b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	•	nited liability company: OST OFFICE BOX)	
	NORTH MIAMI, FL 33161	<del></del>	NO	PRTH MIAMI, FL 33161		
	05/02/2024		L230	000124603		
	Date of filing/registration in Florida	4.	<del></del>	Document numbe	r	
a)	LEGALINC CORPORATE SERVICES INC.					
	Registered Agent and Registered Office shown on the records		- vept.	vi ature.		
	476 RIVERSIDE AVE.  Registered Office Address (MUST BE FLORIDA STRE	T ADDRE	<u>22)</u>	·····		
	Registered Office Address (MUST BE FLORIDA STRE	FL_32202				
<b>o</b> )	Registered Office Address (MUST BE FLORIDA STRE				2021	
o)	Registered Office Address (MUST BE FLORIDA STRE	FL_32202			2024 116.Y	
b)	Registered Office Address (MUST BE FLORIDA STRE	FL_32202			2024 HAY - 2	
b)	Registered Office Address (MUST BE FLORIDA STREE  JACKSONVILLE  Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered	FL_32202			2024 HAY -2 PH 3: (	

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.

Signature of a member or authorized representative of a member

Estrella Tavarez, Attorney-in-Fact

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.

Signature of Registered Agony