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(Re	questor's Name)	
(Ad	dress)	
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	y/State/Zip/Phone	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(00	curnent Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

	4	COVER	LETTÈR		
	istration Section ision of Corporations				
SUBJECT:	Jireh Management Service Gro	up LLC			
(tengizer)		Name of Limited	Liability Company		
Dear Sir or l	Madam:				
The enclose	d Registered Agent/Registered	l Office Change an	d fee(s) are submitted for filing.		
Please returi	n all correspondence concerni	ng this matter to the	e following:		
Courtney Pro	pefrock				
	Name of Person				
Anderson Bu	isiness Advisors				
	Firm/Company		.		20.
3225 McLeo	d Drive, #100			; [-	23 DE/
	Address			20	413
Las Vegas, N	IV 89121			(n-	2023 DEC 14 AM 10: 20
	City/State and Zip Co	nde		<u>.) -</u>	0: 2
ra@andersor	nadvisors.com				0
E-mai	address: (to be used for futur	e annual report not	ification)		
For further i	nformation concerning this m	atter, please call;			
Courtney Pro	oefroek	800 at (7064741		
	Name of Person		Area Code & Daytime Telep	hone Number	
Reg Div P.O	iling Address: gistration Section ision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303		
Enc	losed is a check for the follo	wing amount:			
⊒ S	25 Filing Fee		\$55 Filing Fee & Certified Copy	,	

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)	56 Azalea Circle	()	56.	Azalea Circle			
(4)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		·/	Mailing add	dress of limited MAY BE POST		
	Tequesta, FL 33469		Teq	juesta, FL 33469			
	04/07/2023		1.230	00183009			
	Date of filing/registration in Florida	— 4.		Docume	nt number		
(a)	Charles M Evans Jr.						
(a)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept.	of State:			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES.	<u>S)</u>			202	
	56 Azalea Circle					2023 DEC	* 1
	Tequesta , F	33469 L			- - - -	11.3	
	Anderson Registered Agents, Inc.				<u>;</u>		1 4 6
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	idress:		•	AH 10: 20	
					Ξ.	20	
	NEW Registered Office Address:						
	625 E. Twiggs Street, Suite 110						
	Tampa , F	33602 L					
ange ent v is/we arti	mited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cless of organization or the operating agreement of the they Proefrock	e register lability co of the lin e limited	ed off ompar vited l liabili	fice and the bus ny, it is hereby d liability compar	iness office o confirmed tha	f the regi it the cha	stered nge(s)
	ure of a member or authorized representative of a member			Printed o	r typed name of	signec	
herel ovisi	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete (gations of my position as registered agent as providely reflect a change in the registered office address. I	gree to act e perform	in th	is capacity. I fi of my duties, an	irther agree i id I am famili	o comply ar with a	with the