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COVER LETTER

	Registration Section Division of Corporations					
SUBJE	JD FLA LLC CT:					
		Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	is matter to the fo	ollowing:			
William	R. Heitz, Esq.					
	Name of Person		_			
HEITZI	AW FIRM PLLC					
	Firm/Company		_			
2875 So	uth Ocean Drive, Suite 200-19					
	Address		_			
Palm Be	ach. Florida 33480					
	City/State and Zip Code		_			
wheitz@	heitzlaw.us					
E-1	mail address: (to be used for future ann	ual report notifica	ation)			
For furth	ner information concerning this matter,	please call:				
Nathan V	√ander Wal, Esq.	585 at (272-7760			
	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:				
1	■ \$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.

Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) ROCHESTER, NY 14623 O4/14/2023 Date of filing/registration in Florida CAPITOL CORPORATE SERVICES, INC. Registered Agent and Registered Office shown on the record 515 EAST PARK AVENUE Registered Office Address (MUST BE FLORIDA STRESECOND FLOOR TALLAHASSEE (b) JOHN L. DIMARCO, SR. Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address: NEW Registered Office Address:	4. Sof the Florid: EET ADDRES: FL 32301	1.23000186 la Dept. of Stat	(Note: MAYBE P TER, NY 14623 5533 Document number	er
O4/14/2023 Date of filing/registration in Florida CAPITOL CORPORATE SERVICES, INC. Registered Agent and Registered Office shown on the record 515 EAST PARK AVENUE Registered Office Address (MUST BE FLORIDA STRI SECOND FLOOR TALLAHASSEE (b) JOHN L. DIMARCO, SR. Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address:	s of the Florida EETADDRESS , FL 32301	1.23000186 la Dept. of Stat	TER, NY 14623 5533 Document number	er
Date of filing/registration in Florida CAPITOL CORPORATE SERVICES, INC. Registered Agent and Registered Office shown on the record 515 EAST PARK AVENUE Registered Office Address (MUST BE FLORIDA STRING) SECOND FLOOR TALLAHASSEE (b) JOHN L. DIMARCO, SR. Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent Age	s of the Florida EETADDRESS , FL 32301	la Dept. of Stat	Document number	
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Registered Office Address (MUST BE FLORIDA STRESECOND FLOOR TALLAHASSEE (b) JOHN L. DIMARCO, SR. Enter name of NEW Registered Agent and/or NEW Registered Agent	, FL_32301		- - -	
SECOND FLOOR TALLAHASSEE (b) JOHN L. DIMARCO, SR. Enter name of NEW Registered Agent and/or NEW Registered Agent Agen	, FL_32301		- -	
TALLAHASSEE JOHN L. DIMARCO, SR. Enter name of NEW Registered Agent and/or NEW Regist 4938 SANCTUARY LANE NEW Registered Office Address:		ddr <u>ess</u> :	- - -	
(b) JOHN L. DIMARCO, SR. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or N</u>		ddr <u>ess</u> :	-	
(b) JOHN L. DIMARCO, SR. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or N</u>		ddress:	_	(2) (2) (3) (4)
Enter name of NEW Registered Agent and/or NEW Regist 4938 SANCTUARY LANE NEW Registered Office Address:	ered Office ad	ddr <u>ess</u> :	_	
NEW Registered Office Address:				
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the limited liability company is not organized under the hange or changes are made, the Florida street address of	the registere	ed office an	d the business off	ice of the registered
gent will be identical. Or, in the case of a Florida limite as/were authorized by an affirmative vote of the member				
ne articles of organization or the operating agreement of	the limited I	liability con	npany.	•
Signature of a member or authorized representative of a member		William	Printed or typed name	, 650.
			••	-
I hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and comple obligations of my position as registered agent as provomerely reflect a change in the registered office address office address.	agree to act ete perform ided for in C . I hereby co	t in this cape ance of my c Chapter 605 onfirm that	acity. I further ag duties, and I am fo i, F.S. Or, if this o the limited liabilit	ree to comply with the miliar with and accep locument is being filea y company has been