L23000212895

	(Req	uestor's Na	ime)		
	(Add	ress)			
	(Add	ress)			
	(City/	/State/Zip/F	hone #)		
PICK-UF	>	☐ WAI	Γ	MAIL	
<u> </u>	(Busi	iness Entity	/ Name)		
	(Doci	ument Num	nber)		
Certified Copies		Certific	cates of	Status	
Special Instructions	to Fi	ling Officer	:		
]

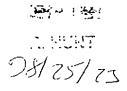
Office Use Only



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08/25/23--01018--012 **25.00





COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JSH Services ECT:			
		Name of Limite	ed Liability Company	_
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.	
Please	return all correspondence concerning	ig this matter to	the following:	
Gary P	etrillo	,	-	
	Name of Person			
JSH Se	ervices			
	Firm/Company			2023
5912 C	Carpenteria Way			2023 AUG 25
	Address			
Las Vo	gas , Nevada 89108			PM 12: 40
	City/State and Zip Co	de		40
garype	trillo@centurylink.net			
E	E-mail address: (to be used for future	annual report n	otification)	
For fur	rther information concerning this ma	tter, please call:		
Gary P	etrillo	702	497-0249	
	Name of Person	(Area Code & Daytime Telephone Number	- er
	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 follow	ving amount:		
	\$25 Filing Fee	•	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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 (0)		/L)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)
	5912 Carpenteria Way	5912 Carp	enteria Way
	Las Vegas, NV 89108	Las Vegas	, NV 89108
	05/01/2023	L23000212	895
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (a)	Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of Stat	_ œ:
	Alexandria Lofaro		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	_
	6905 E Fort King Stree		
	Ocala	, FL ³⁴⁴⁷⁰	2023 AUG 2
		<u>-</u>	AUG
(b)			2 27 G
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office address:	2 3 74°
	Alexandria Hernandez Palominos		PH12: 40
	NEW Registered Office Address:		- 4 0
	6905 E Fort King Stree		_
	Ocala	. FL. ³⁴⁴⁷⁰	
		, FL	_
change agent v was/w	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of	the registered office and d liability company, it is ers of the limited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	-	Printed or typed name of signee
l here. provisi the obl	by accept the appointment as registered agent and one 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	agree to act in this cape ete performance of my c ided for in Chapter 605 Lherehy confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been

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