L23000263413

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of S	tatus
Special Instructions to	Filing Officer:	
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 - Tallahassee, Florida 32301 (850) 224-8870 - 1-800-342-8062 - Fax (850) 222-1222

JONJOR RENTALS LLC	_}
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1 de la compresención de l	
All J	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Centificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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.

I. Na	ame of the limited liability company: Jonjor Rentals LL	C						
2. (a)	3250 NE 1et Ava		(b) 3250 NE 1st Ave					
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)-	1	Mailing address (Note: MAY)		-	
	Miami, FL 33137	_	i	Miami, FL	. 33137			
	05/30/2023		L	230002634	413			
3.	Date of filing/registration in Florida	4,			Document nu	ımber		
5. (a)	Craig M. Dorne, PA							
	Registered Agent and Registered Office shown on the records of t 2655 S. Le Jeune Road	he Flori	da D	ept. of State	e: -			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>		-	TA	20	
	Coral Gables, FL	33134			_	LL AF	2023 AUG	<u>i</u>
(b)	Monica Cisneros		LAHASSE	<u></u>				
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office 1	ıddre	: <u>5\$</u> :	-	M©	2	Ti
	3250 NE 1st Ave	_	FLORID	H 9: 42				
	NEW Registered Office Address:					D A	2	
	Miami	33137			-			
	, FL	33137			-			
change igent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	registe bility of the li imited	red comp mite l liab	office and any, it is d liability	If the business thereby configured or pany.	office of th rmed that th	ie regis ie chan	tered gc(s)
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee					
I herel provisi he obli to mere totified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided the reflect a change in the registered office address, I had in writing of this change.	ee to ac verforn for in ereby c	ct in nanc Cha confi	this capa te of my a opter 605, frm that t		-		with the d accept ing filed been
Ciano	A C C Registered A cent							
SIGNATUR	re of Registered Agent							