(Requestor's Name) (Address)		600418432306
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	R	At Ro Change
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		02/21/2401003019 **100.00
Special Instructions to Filing Officer:		RECEIVED 2024 FEB 21 PM 2: SECRETARY OF STA FALLAHASSEE, FLOR

00524,00671

Office Use Only

A. RAMSEY MAR -5 2024

CORPORATE	
ACCESS,	

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 2/21					
	CERTIFIED COPY				
XX	РНОТОСОРУ				
	GS				
XX	FILING	CHANGE OF RA			
1.	J. WILSON REAL EST				
2.	(CORPORATE NAME AND DOCU	MENT #)			
3.	(CORPORATE NAME AND DOCUM	MENT #)			
4.	(CORPORATE NAME AND DOCUM	MENT#)			
5.	(CORPORATE NAME AND DOCUM	MENT #)			
5.	(CORPORATE NAME AND DOCUM	MENT #)			
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Corrected Xuscoriginal File datex

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2024

CORPORATE ACCESS, INC.

TALLAHASSEE, FL 32303

SUBJECT: J. WILSON REAL ESTATE, LLC

Ref. Number: L23000353971

We have received your document for J. WILSON REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Is Desaray Wilson the new registered agent. If so please list her full name in paragraph 5(b).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 224A00003942

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	ume of the limited liability company:	ate, LLC	
2. (a)	13461 NOGAL LANE	(b) P.O. B	3OX 50175
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	JACKSONVILLE, FL 32246	JACKS	SONVILLE BEACH, FL 32240
	07/26/2023	L230003	353971
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JARROD A. WILSON		202
	Registered Agent and Registered Office shown on the records of th	ne Florida Dept. of	State:
	13461 NOGAL LANE	nannee.	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDKESS)</u>	美量 岩
	JACKSONVILLE FL	32246	State: 27 kg 9: 52
(b)	Desaray Wilson		
. ,	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	
	12223 Gathering Pines Rd.		
	NEW Registered Office Address:		
	Jacksonville	32224	
change agent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of isolar for the control of the liability of the street in the operating agreement of the l	registered office bility company, f the limited liab	and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
١ ۾	saray Wilson	Desaray Wil	son
	authorized representative of a member		Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h occessomed by: "its change.	3/2011/10/10/10/10/10/10/10/10/10/10/10/10/	my annieg ana i am tamitaar waa ana access
731	saray Wilson gent		