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COVER LETTER

TO: Registration Section Division of Corporations		
Jorgensen Financial LLC SUBJECT:		
Na	me of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Mice Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to th	ne following:
Timothy Jorgensen		
Name of Person		
Jorgensen Financial LLC		
Firm/Company		
403 Stonehenge Cir		
Address		
Rockledge FL 32955		
City/State and Zip Code		
tbjins@gmail.com		
E-mail address: (to be used for future ar	nnual report no	tification)
For further information concerning this matte	r, please call:	
Timothy Jorgensen	407 at (430-7352
Name of Person	at (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	ng amount:	
\$25 Filing Fee	0	\$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.

1. Na	me of the limited liability company: Jorgensen Finan	cial LLC				
2. (a)	Timothy Jorgensen		(b) Timothy Jorgensen			
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of lim (Note: MAY BE PO	-	
	403 Stonehenge Cir		403 Stonel	henge Cir		
	Rockledge FL, 32955		Rockledge	FL, 32955		
	7/27/24		L230003542	250		
3.	Date of filing/registration in Florida	4.		Document numbe	er	
5. (a)	INC AUTHORITY RA					
5. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	ia Dept. of State	e:		
	INC AUTHORITY RA					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE:	<u>(S)</u>	_		
	390 NORTH ORANGE AVE.				2024	
	STE 2300-N ORLANDO, FL , F	L_32801		-	2024 AUG	• .
(b)	Timothy Jorgensen				. 9.	1
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_		1
	Timothy Jorgensen				AM II: 02	
	NEW Registered Office Address:			_		
	403 Stonehenge Cir			_		
	Rockledge . F	32955 L				
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe liability of of the li e limited	red office an company, it is mited liabilit	Id the business offi is hereby confirmed ty company or as o inpany.	ice of the re d that the cl	gistered hange(s)
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee			
provisi the obl to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complete igations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	gree to a e perforr ed for in hereby	et in this cape nance of my e Chapter 605 confirm that	acity. I further ag duties, and I am fa 5, F.S. Or, if this a the limited liability	ree to comp miliar with locument is y company	ply with the and accept being filed has been
Signatu	re of Registered Agont					

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