Division of Corporations

Florida Department of State Division of Correctations Division of Correctations Electronic Filing Gener Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000345996 3)))



H000003459983AB08

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Division of Corp	porations		
	•	: (850)617-6383		
	From:			
_ છ _ <u>દ</u> ્	Account Name	: CAPITOL SERVICES, INC.		
	Account Number	: 120160000017		
क विवर		: (855)498-5500		~
	Fax Number	: (800)432-3622	· -	2023
一種 北部	:		,i	
والرا				30
ું ·≠∲Er		or this business entity to be used for		
}	annual report mailing:	s. Enter only one email address please.	**	1
	•			2
(,)	Email Address:		_ .	>>
	• <u>1.</u>		· · -	===
12 AV				

LLC REGISTERED AGENT CHANGE JANA SEAMAN COMPANIES, LLC

PLEASE HONOR ORIGINAL SUBMISSION DATE OF 10/2/23. THANK YOU!

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

PLEASE HONOR ORIGINAL SUBMISSION DATE OF 10/2/23. THANK YOU!

***		. •		
	C.C.	tronic.	Hilin	g Menu

Corporate Filing Menu

Help

OCT - 4 2023

C. Brumbley

H23000345996 3

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: Jana Seaman Comp	panies, I	L L	.C	
2. (a	1)		(I	b)		
()		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``	<i>-,</i>	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		4851 Tamiami Trail North, Suite 200			4851 Tami	iami Trail North, Suite 200
		Naples, FL 34103	<u> </u>		Naples, FL	L 34103
		08/14/2023		L	.230003818	805
3.		Date of filing/registration in Florida	4.			Document number
5. ((a)	Figares, Alex, Esq				
		Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A 4001 Tamiami Trail N, Suite 300)			Dept. of State	- -
		Naples	34103			_
(b)		Naples , FL 34103 Adam L. Schwartz, Esq. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			AFTRU ANI FILE 2023 OCT -2	
		NEW Registered Office Address:		_		
		600 Brickell Avenue, Suite 1500				AM D Y L
		Miami , FL	33131			85
char ager was	ige we	mited liability company is not organized under the law or changes are made, the Florida street address of the rail be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lin	ed on nit	office and pany, it is ed liability	d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in
		Jana Seaman	Jana	я 5	Seaman	
I he prov the o to m notij	ret Visio Obli ere Viea	ure of member or authorized representative of a member 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 by reflect a change in the registered office address, I had in writing of this change.	te to act perform for in C ereby co	t it ar Ck	n this capa ace of my to apter 605 firm that i	Printed or typed name of signee acity. I further agree to comply with the duties, and I am jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
		dam L. Schwartz re of Registered Agent				