## L13000443967

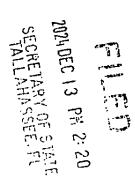
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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09/24/24--01023--025 \*\*35.00





October 7, 2024

CATINA UYLEE 15670 MASON LAKES DR JACKSONVILLE, FL 32218

SUBJECT: JC EMPOWERING DESIGNS LLC

Ref. Number: L23000443967



Letter Number: 324A00022143

We have received your document for JC EMPOWERING DESIGNS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

SHANTELL BROWN Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JC Empowering Designs LC Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Catina Uylee Name of Person	
Firm/Company	
15670 Mason Lakes Dr. Address	
Tacksonville FL 32218 City/State and Zip Code	
JC-En powering Designs O Vanoo Com or Vyleec O Vanoo Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cutina Cylee at 904) MO4-7546  Name of Person Area Code & Daytime Telephone Number	
Mailing Address:Street Address:PRICE Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite-810Tallahassee, FL 32303The Centre of Tallahassee	A STATE OF THE STA
Enclosed is a check for the following amount:	
Previously Submitted 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. N	ame of the limited liability company:	powerina Design	ns LLC
2. (a)	15670 Mison Lakes Dr	· • • • • • • • • • • • • • • • • • • •	Mason Lakes Dr
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing addre	ss of limited liability company:  Y BE POST OFFICE BOX)
	Jacksonville, FL	Tackson	ville fc
	30224	322	
	9/25/2023	L230004	
3.	Date of filing/registration in Florida	4. Document	number
5. (a	Registered Agent and Registered Office shown on the records of the	re Florida Dent. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A		
	CIC USS		
	5TE 730	0.0.1	
	Miami, FL	<u> 33126</u>	TEC THE
	Par. 11.100		SECRET TALL!
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	AR O
	Enter name of NEW Registered Agent and/of NEW Registered	Contendates.	P P
	15670 mason Lakes Dr		PH 2: 20
	NEW Registered Office Address:		22
			rri
	Jacksogville .FL	32224	
		'	hereby confirmed that after the
	limited liability company is not organized under the law ge or changes are made, the Florida street address of the		
	will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of	muno commano, il is nelcov ce	Militied mar me enange()
the a	ticles of organization or the operating agreement of the	limited liability company.	
	(tidra) Usla	_ Catina t.	typed name of signee
	nature of a member or authorized representative of a member		-
l hei provi	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p	pe to act in this capacity. I fur performance of my duties, and	Ther agree to comply with the Lam familiar with and accept if this document is being filed
the o	why accept the appointment as registered agent and agressions of all statutes relative to the proper and complete phigations of my position as registered agent as provided the reflect a change in the registered office address. I have the registered office address. I have the registered of the regist	i for in Chapter 605, c.s. Or, vereby confirm that the limited	l liability company has been
notif	ed in writing of this change.		
Sign:	ture of Registered Agen		
_			