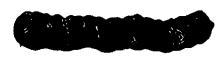
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Rec. 12/30/24



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2024

NANCY SCHUSTER 108 ADELE AVE DAYTONA BEACH, FL 32118 US

SUBJECT: JNS INSTALLATIONS LLC

Ref. Number: L23000516188

We have received your document for JNS INSTALLATIONS 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 LLC. Please complete and return the enclosed blank form(s).

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

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

Morgan E Lovett Regulatory Specialist II

Letter Number: 624A00027264

12-30-24



TO: Registration Section Division of Corporations				
SUBJECT: JUS Installations LLC Name of Limited Liab	bility Company	_		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the fo	llowing:			
Nancy Schuster Name of Person LIS Installations LLC Firm/Company 108 Adele Ave Address Address Daytora Bch FL 32118 City/State and Zip Code Mancytfla & hotma: 1.com E-mail address: (to be used for future annual report notifice)	-	SECRETARY OF ST TALLAHASSEE, I	2024 DEC 30 PM 3:	
E-mail address: (to be used for future annual report notific: For further information concerning this matter, please call:	ation)	TATE	35	
Vancy Schoster/Jams Schoster, 954 Name of Person	Area Code & Daytime Telephone Num	<u>5</u> 4 238	596 wd	,45 u s
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			

☐ \$55 Filing Fee & Certified Copy

INHS18(2/14) already mailed \$35

See letter

□ \$25 Filing Fee

Enclosed is a check for the following amount:



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. Name of the limited liability company: JNS Installations LLC	•
2. (a) JNS Tostallations LLC (b) Principal office address of limited liability company: Mailing address	of limited liability company: BE POST OFFICE BOX)
ATTH Nancy Schoster 108 Adele Ave Dontona Bich FL 32118	
11,01005	16188
3. Date of filing/registration in Florida 4. Document in	
75. (a) Zen Business Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 336 College AVR Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 30/ Taclahassee FL 3230/ (b) Nancy Schuster Enter name of EW Registered Agent and/or NEW Registered Office address: 108 Ade le Ave NEW Registered Office Address:	2024 DEC 30 PM 3: 35 SECRETARY OF STATE TALLAHASSEE, FL
Daytona Bch 15L 32/18	
If the limited liability company is not organized under the laws of the State of Florida, it is he change or changes are made, the Florida street address of the registered office and the busine agent will be identical. Or, in the case of a Florida limited liability company, it is hereby corwas/were authorized by an affirmative vote of the members of the limited liability company the articles of organization or the operating agreement of the limited liability company.	ss office of the registered firmed that the change(s) or as otherwise provided in lead name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Nency Sch Signature of Repistered Agent