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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ON-SITE ACCOUNTING INC
Account Number : I20210000176
Phone : (813)764-9516
Fax Number : (813)764-0028

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jocias.garcia@just-gainz.com

LLC REGISTERED AGENT CHANGE

JGZ GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

SEP 10 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JGZ Group, LLC
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:

April Green

Name of Person

On-Site Accounting, Inc.

Firm/Company

304 E. Baker Street, Suite D

Address

Plant City, FL 33563

City/State and Zip Code

admin@on-siteaccounting.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Green	813	764-9516
_____ 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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. Name of the limited liability company: JGZ Group, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

2302 Maki Road, Apt. 30

Plant City, FL 33563

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

2302 Maki Road, Apt. 30

Plant City, FL 33563

01/01/2024

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3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Jocias M. Garcia

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2829 Nesmith Estates Lane

Plant City, FL 33563

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Jocias M. Garcia

NEW Registered Office Address:

2302 Maki Road, Apt. 30

Plant City, FL 33563

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jocias M. Garcia

Jocias M. Garcia

Signature of a member or authorized representative of a member

Printed or typed 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.

Jocias M. Garcia

Signature of Registered Agent