## L24000036386

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

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## **COVER LETTER**

Division of Corporations	
SUBJECT: PhSCI//45 Plm/ Name of Limited Lia	bility Company
Name oyemmed En	ionity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Priscilla Fleticher Name of Person	_
Firm/Company	_
7.0 Box 73	
Address  Oan Davo Blach Fl 2  City/State and Zip Code	- 33041
City/State and Zip Code	_
E-mail address: (to be used for future annual report notific	oing, com
,	
For further information concerning this matter, please call:	
Prisulla Hetcher at 954	
Name of Person	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

☐ \$55 Filing Fee & Certified Copy

INH\$18 (2/14)

S25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu subm	aant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limite its the following statement in order to change its registered office or registered agent, or both, in	ed liability company the State of Florida.
1. N	Name of the limited liability company: 4 JUSCI/195 Plum bing	llc
2. (a)	2ml c. 12 strait	73
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST	
	'Janpano Beach (Impano	Beach
	1 H 33069 1 PL	330U/
	01/23/24 / change L24000030	b386
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:    Columbia   Colum	
	Alarith Out M Real h	
	- 70/9/1 /SWW/ 3340V E	2024
	FL JJ70a	SE T
(b)	$\sim$	3
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	<b>P I</b>
	3001 SW 10 Street	<u>:</u> 0
	NEW Registered Office Address:	CJ
	- Jungavo Deach	
	, FL 33069	
chang agent was/v	limited liability company is not organized under the laws of the State of Florida, it is hereby conge or changes are made, the Florida street address of the registered office and the business office of will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed the vere authorized by an affirmative vote of the members of the limited liability company or as other tiples of organization or the operating agreement of the limited liability company.	of the registered at the change(s)
Sign	ature of a member or authorized representative of a member Printed or typed name of	effher signee
I here provi: the of to me	eby accept the appointment as registered agent and agree to act in this capacity. I further agree sides of all statutes relative to the proper and complete performance of my duties, and I am family digations of my postation as registered agent as provided for in Chapter 605, F.S. Or, if this documents rely reflect a charge in the registered of the writing of this change.  A charge in the registered of the writing of this change.	to comply with the
Signat	ture of Registered Agent	