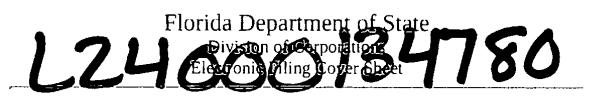
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

LLC REGISTERED AGENT CHANGE JOLLY'S VERSATILITY CONSTRUCTION LLC

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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. 1	Same of the limited liability company: JOLLY'S VERS	SATILITY CO	NSTRUCTION LLC		
2. (a		(b) _			
_, (,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address o	of limited liability company: SE POST OFFICE BOX	
	03/19/2024		4000134780		
2				· · · · · · · · · · · · · · · · · · ·	
3.	Date of filing/registration in Florida	4.	Document nur	mber	
5. (a	UNITED STATES CORPORATION AGENTS, INC.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET				
	476 RIVERSIDE AVE.				
	JACKSONVILLE	, 32202			
	, F	L		202	
(b	REGISTERED AGENTS INC			2024 H2.Y	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u></u>		
				2	
	7901 4TH ST N			P	
	NEW Registered Office Address:			<u>۔</u> بب	
	STE 300			. 	
				.=	
	ST. PETERSBURG	33702			
chang agent was/v the ar Sign	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attree of a member or authorized representative of a member	e registered of ability comp of the limited limited liability	office and the business any, it is hereby confir d liability company or a lity company. Jones Printed or typed	office of the registered med that the change(s) as otherwise provided in name of signee	
provi. the ol to me notific	eby accept the appointment as registered agent and ag- sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I red in writing of this change.	ree to act in a performance of for in Chaphereby confi	this capacity. I further e of my duties, and I an pter 605, F.S. Or, if th rm that the limited liah	r agree to comply with the m familiar with and accept is document is being filed bility company has been	
(<u>ن</u> ے	AND David Roberts				
Signat	ure of Registered Agent				