124000420465

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

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	PICK UI	P: JENA 11/13		
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XX	РНОТОСОРУ			
	CUS			
xx	FILING	STATEMENT OF CHANGE		
	JP JOHN'S CONSULTING			
	CORPORATE NAME AND DOCUM	ENT #)		
	(CORPORATE NAME AND DOCUM	ENT #)		
	CORPORATE, NAME, AND DOCUM			
	(CORPORATE NAME AND DOCUM	ENT #)		

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.

(a)		(b)	
()	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		···	L24000420465
(a)	Date of filing/registration in Florida JOSEPHINE JOHNS	4.	Document number
	Registered Agent and Registered Office shown on the record 205 50TH AVE PLAZA EAST	ls of the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	FORT LAUDERDALE	, FL	NOV 13
	JOSEPHINE JOHNS		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
	NEW Registered Office Address:		
	205 SOTH AVE PLAZA EAST		
	Bradenton	FL	
ange ent v as/w e art	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member icles of organization or the operating agreement of Josephine Johns	the registered of d liability comp ers of the limite the limited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in vility company.
	soseprine sound	Josephi	ne Johns

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. /S/ Josephine Johns

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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