## **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:	

## LLC REGISTERED AGENT CHANGE J'VILLA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

NOV 0 9 2021 A. LUNT

## 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. Na	ame of the limited liability company: J'VILLA,	LL	<u> </u>		
2. (a)	475 Tuckaway Dr		(b) 475 Tuckaway Dr		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability com (Note: MAY BE POST OFFICE BO	
	Piedmont, AL 36272	_	Piedmo	ont, AL 36272	
	01/12/2015		M1500	0000266	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	CARLOS DOMINGUEZ				
	Registered Agent and Registered Office shown on the records of	the rio	rida Dept. of Sta	ne.	
	Registered Office Address	ADDR.	ESS)	_	
	438 LINKSIDE CIR			7021	347
	MIRAMAR BEACH	325	50	8 - AON 1203	NO.S
(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N  NEW Registered Office Address:	i Office	address:	AM 10: 17	
	STE 300	227	0.0	_	
12.1		337		_	
the cha agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liner authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the re ability of the l limite	gistered offic company, it limited liabili d liability co	te and the business office of the re is hereby confirmed that the chan ty company or as otherwise provi	egistered
Signat	ure of a member or authorized representative of a member	<u> </u>	liley Park	Printed or typed name of signee	<del></del>
I heret provision the obli to mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I writing of this change.  Bill Havre - Assistan	perfo d for i hereby	rmance of my n Chapter 60 · confirm that	pacity. I further agree to comply duties, and I am familiar with an 5 FS. Or, if this document is he	id accept

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

Signature of Registered Agent