M2000003438

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of S	Status				
Special Instructions to Filing Officer:					
	10/1				

Office Use Only



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2022 SEP 19 PM 12: 08

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2022

JETWEN, LLC 23052 ALICIA PKWY STE H 396 MISSION VIEJO, CA 92692

SUBJECT: JETWEN, LLC Ref. Number: M20000003438

SUBJECT: JETWEN, LLC Ref. Number: M20000003438

Our records indicate the registered agent for the above named corporation resigned on April 25, 2022 and that this corporation currently does not have a registered agent designated.

Pursuant to Florida Statutes 607/617, this office is required to give 60 days notice of our intent to revoke the certificate of authority of a foreign corporation authorized to transact business in Florida for failing to appoint and maintain a registered agent.

This letter is your notice of our intent to revoke the above named corporation's certificate of authority to transact business in Florida 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Stacy Prather Regulatory Specialist III Division of Corporations

Letter Number: 722A00019265



September 21, 2022

JETWEN, LLC 23052 ALICIA PKWY STE H.396 MISSION VIEJO, CA 92692

SUBJECT: JETWEN, LLC Ref. Number: M20000003438

We have received your document for JETWEN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 322A00020973

Stacy Prather Regulatory Specialist III

2022 OCT -7 FW 2: 27

LIMITED LIABILATY 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.	Nar	me of the limited liability company: <u>JeT Wen 11</u>	C			-
			3052 Alicia	PKW	/	
	\	Principal office address of limited liability company: (Nota: MUST BE STREET ADDRESS)	Mailing address of limited (Note: MAY BE POST	liability con	npany:	
		STE #.396 S	TE H. 396			-
		Mission Viejo Ca 92692 r	MISSION VIEJO,	Cz 9	2692	*
3.		9/15/2022 M Date of filing/registration in Florida 4.	2000000343 Document number	8		-
	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. o			-	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		Port Charlotte Florida				
		<u>33953</u> ,FL		7	2022	
	(b)	Bill Russell		3), 1 - 0)	:D	
		Enter name of NEW Registered Agont and/or NEW Registered Office address:				
		same as above address		9017 403	ق <u>ح</u>	
		NEW Registered Office Address:		(ID).	36	
		Port Charlotte , FL 3395	53			
a	hange gent v vas/w	limited liability company is not organized under the laws of the State to changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability companyere authorized by an affirmative vote of the members of the limited littles of organization or the operating agreement of the limited liability.	ce and the business office y, it is hereby confirmed the ability company or as othe	or the reg	gistered ange(s)	е
_			Printed or typed name of	S-i		
			***	~	ly with the	;
i t t	rovis he ob o mer	eby accept the appointment as registered agent and agree to act in thi sions of all statutes relative to the proper and complete performance colligations of my position as registered agent as provided for in Chapte rely reflect a change in the registered office address, I hereby confirmed in writing of this change.	of my duties, and I am fami or 605, F.S. Or, if this doc o that the limited liability c	tiar with ument is i ompany l	and accep being filed ias been)t t