

P23000013279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

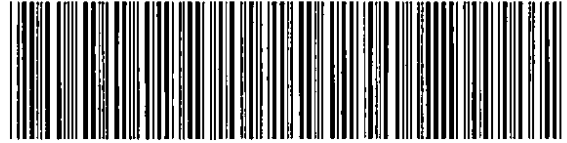
(Document Number)

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Special Instructions to Filing Officer:

J. HORNE  
AUG 14 2023

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SOCIETY OF STATE  
TALLAHASSEE, FLORIDA



5716 Corsa Ave Suite 110  
Westlake Village, CA 91362

Phone: (818) 264-4266  
Toll-Free: (888) 366-9552  
Fax: (877) 366-9552  
[www.DoMyLLC.com](http://www.DoMyLLC.com)

June 23, 2023

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Florida Secretary of State,

Enclosed please find the Registered Agent Change and fee for Jayco Controls Incorporated.

Check #: 5108

Check Amount: \$35

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC  
Attn: Processing  
5716 Corsa Ave. Suite 110  
Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing  
[Processing@domyllc.com](mailto:Processing@domyllc.com)  
[www.DoMyLLC.com](http://www.DoMyLLC.com)

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Jayco Controls Incorporated  
Name of Corporation

DOCUMENT NUMBER: P23000013279

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Pickett

Name of Contact Person

DoMyLLC.com, LLC

Firm/Company

5716 Corsa Ave. · Suite 110

Address

Westlake Village, CA 91362-7354

City/State and Zip Code

compliance@domyllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Pickett on behalf of DoMyLLC.com, LLC at 888-366-9552

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Jayco Controls Incorporated  
2. The principal office address: 955 Nw Flagler Ave Slip B047  
Stuart, FL 34994

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/13/2023 Document number: P23000013279

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sroczyrski, Jason J

955 Nw Flagler Ave Slip B047

Stuart, FL 34994

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

3458 Lakeshore Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

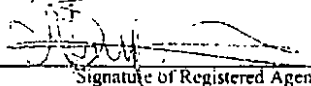
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

✓   
Signature of an officer or director

Jason Sroczyrski, President

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

06/23/2023

Date

If signing on behalf of an entity:

Louise Breytenbach on behalf of InCorp Services, Inc.

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

FILED  
23 JUN 30 AM 10:07  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA