Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

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 JAKE AND MARA LLC

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T. LEMIEUX

FEB 1 1 2025

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Help

COVER LETTER

;	COVERTELLER				
TO: Registration Section Division of Corporations	•				
SUBJECT: JAKE AND MAR	A LLC				
30131.01.	ne of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
Erik Treutlein					
Name of Person					
Legalzoom.com. Inc.					
Firm/Company					
9900 Spectrum Dr					
Address					
Austin, TX 78717					
City/State and Zip Code	-				
jakobwiirre@gmail.com					
E-mail address: (to be used for future ann	rual report notification)				
For further information concerning this matter,	please call;				
Erik Treutlein	800 773-0888 ext 9724				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following	amount:				
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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

2. (a)		d	·)				
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BON)				pany:
	3030 HAMMOCK RD		3030 H	AMMOC!		71 1 1 C I; 1X	<i>'</i>
	MIMS. FL 32754		MIMS, FL 32754				
	01/28/2025		L250000)48525			
3.	Date of filing/registration in Florida	4.		Documen	t number		
5. (a)							
(4)	Registered Agent and Registered Office shown on the records WIIRRE, KRISTIAN L	of the Florida	i Dept, of Sta	ite:	0		
	Registered Office Address	T ADDRESS	Ď.	_		:	· ·
	MIMS	32754	··	 -		- ·	
		· · · ·		_		= :	
(b)	Litter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress;	_		. ယ္အ	
	UNITED STATES CORPORATION AGEN						
	NEW Registered Office Address:			_			
	476 Riverside Ave.			_			
	Jacksonville	_{FL} 32202					
the cha agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the following agreement of the fo	of the reginal of the reginal of the limited in the	stered offic impany, it nited liabili	te and the bis hereby controls to the big ty company mpany.	usiness offic onfirmed tha	ce of the r it the char	egisterec gc(s)
Signat	ure of a member or authorized representative of a member			Printed or t	typed name of s	signee	
provision the obli to merc	oy accept the appointment as registered agent and comple ons of all statutes relative to the proper and comple igations of my position as registered agent as provi iv reflect a change in the registered office address, i in writing of this change.	ite perform ded for in (ance of my Thapter 60	r duties, ànd 15, F.SOr,	l Lam Jamili - if this docu	ar with ar ment is be	id accep. ing filed