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Division of Corporations

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Account Name : UNITED CORPORATE SERVICES, INC.

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DEPAYMENT OF STATE DIVISIONS TALL ALL SEE- FLORIDA

LLC REGISTERED AGENT CHANGE MIZIEN LLC

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23 JUL 27 AM II:

JUL 28 2023 K. Brumbley

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. N	ame of the limited liability company: MIZJEN LLC						
	1 14TH ST, 410		(b) 19 ROUND HILL ROAD				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	HOBOKEN, NJ 07030		JACKSON TOWNSHIP, NJ 08527				
							
	10/21/2021		L21000459849				
3.	Date of filing/registration in Florida	4.		Document num	iber		
5. (a)	Registered Agents Inc.						
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	• ::			
	7901 4th St. N., Suite 300						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		•			
	St. Petersburg, FI	33702	200.100				
(b)	United Cornorate Services Inc				T a	202	
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			•	<u> </u>	يخ	Ŀ
	3458 Lakeshore Drive					2023 JUL 27	FAR
	NEW Registered Office Address:			-		AM 11: 47	EO DVEU
						=	
	Tallahassec F	32312	. <u> </u>	-		۲,	
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited literal authorized by an affirmative vote of the members icles of organization or the operating agreement of the	registered ability cor of the limi	l office and npany, it is ted liability	I the business on the hereby confirm to company or as	ffice of the ned that th	e regis e chan	tered gc(s)
	ichael Miserendino		nael Mise				
	iture of a member or authorized representative of a member			Printed or typed r	name of signe	c	
provis the ob to mei	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act i performa d for in Ci hereby coi	n this capa nce of my a hapter 605, ifirm that t	ocity. I further of luties, and I am , F.S. Or, if this he limited liabi	agree to co familiar w s documen lity compa	mply vith an t is be ny has	with the id accept ing filed been
(a / N/	ichael A. Barr, President						