CAPITOL SERVICES

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LLC REGISTERED AGENT CHANGE JSPG CONSULTING LLC

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K. SALY

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submi	ant to the provisions of sections 605.0114 or 605.01. ts the following statement in order to change its r	16, Florida Statute egistered office o	s, the undersigned limited liability company registered agent, or both, in the State of	
Floria	JOPG CON	SULTING LLC		
l. Na	ime of the Limited Liability Company:			
2 (a)	2411 NW 75TH STREET	(b) 2411 NW 75TH STREET Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) BOCA RATON, FL 33496		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	BOCA RATON, FL 33496			
	9/11/2024	<u>L240</u>	00396619	
3.	Date of filing/registration in Florida	4.	Document number	
5 (a)	J&L STONE, P.A.			
J. (a,	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State:	
	2411 NW 75TH STREET			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)		
			是	
	BOCA RATON , F	TL 33496	2025 NAR -5 PA 5: 08	
(b)	Capitol Corporate Services, Inc.		بې ت ب	
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office address:	5: 08	
	515 East Park Avenue 2nd Fl			
	NEW Registered Office Address:			
	Tallahassee, F	L 32301		
the chagent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company, of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
<u> Ba</u>	rbara Wehrman	Barbara	Wehrman	
	sture of a member or authorized representative of a member		Printed or typed name of signee	
I here provis the ob to mer notifie	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, a d in writing of this change.	zree to act in this of e performance of r led for in Chapter I hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
	Bin Farlati Brian			
Signature of Registered Agent behalf		f of Capitol Cor	porate Services, Inc.	

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