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MILLENN	ium Jupiter Limited Pai			l l	ED		\				
Principal Place	ce of Business	Ma	iling Address			1 MAR I	2 AM	1: 23		()	
	ain Street. Suite 300 Ord Ct 06110	5 SE PORT ST LUCIE E RT ST LUCIE FL 34952	ST LUCIE BOULEVARD		SECRETARY OF STATE ALLAHASSEE, FLORIDA						
2. Principal Place of Business 3. Mailing Address						─ II					
Suite, Apt.	. #, etc.	s	Suite, Apt. #, etc.					O NOT WRIT	E IN THIS SP	ACE	
City & State	te	C	ity & State		 .	4. FEIN	umber 06	-1524444		Applied Not App	
Zip	Country	z	ip	Count	ry	5. Certif	icate of Stat	us Desired		8.75 Additionate Required	
	6. Name and Address of	Current Registe	ered Agent	1		7. Name	and Addre	ss of New R		<u> </u>	
			· ·		Name			•	<u> </u>	_	
1595 SE P	RICKEY L ESQ PORT ST LUCIE BOULEVA	RD	; 	-•-	Street Addre	ss (P.O. Box N	umber is No	t Acceptable)		
PORT ST L	PORT ST LUCIE FL 34952									T =: = ::	
				1	City				FL	Zip Code	
3. The above	e named entity submits this sta	atement for the pu	urpose of changing its	registere		stered agent, o	or both, in th	e State of Flo		Zip Code	
GIGNATURE .	Signature, typed or printed name of regionstributions	stered agent and title if	applicable. (NOTE	:: Registered	d office or reg	stered agent, o	ng)	MAKE CHEC	cate K PAYABLE T	O DEPT. OF STA	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NOW RECORD

Daytime Phone #