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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 061913 4342287

AUTHORIZATION :

COST LIMIT : 5-35,000 2 ma

ORDER DATE: October 11, 2023

ORDER TIME : 2:41 PM

ORDER NO. : 061913-062

CUSTOMER NO: 4342287

CHANGE OF AGENT

NAME: JBGE/ROYAL PALMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, ange is submitted for a corporation or to change its registered office o	on organized under the la	ws of the State of	MN
	the corporation: JBGE/ROYAL P.		n, in the state of t	"torida,
	office address: 1107 HAZELTINI		200 CHASKA, MN	V 55318
3. The mailing a	address (if different):			
	poration/qualification: 10/09/20			004424
	d street address of the current regirtment of State: (If resigned, enter		ed office on tile w	ith the
	NRAI SERVICES, INC			
	1200 South Pine Island Road			_
	Plantation	FL.	33324	7.023 2.023 SEC
6. The name and (if changed):	Plantation FL 33324 77 78 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
	Corporation Service Company			
	Corporation Service Company  1201 Hays Street			
	P.O. Box NOT acceptable min CO			
		FL	32301 ————	-
The street addre as changed will	ess of its registered office and the be identical.	e street address of the bu	siness office of it	s registered agent.
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of docen notified in writing o	lirectors or by an of the change.	officer so
Xee	E. alnie	Jill Cilmi, Vice P	resident	
I hereby occept I further agree t of my duties, an document is bein corporation has	the appointment as registered a comply with the provisions of a comply with the provisions of a lam familiar with and accept no filed merely to reflect a chang been notified in writing of this a Service Company	gent and agree to act in t all statutes relative to the the obligation of my posi- ge in the registered office	d or typed name and to this capacity, e proper and com ition as registered e address, I hereb	
By: Dra	co Cokubi.	10/18/2023		
Signing on bel	nature of Registered Agent		Date	
	Asst. Vice President			
	ped or Printed Name	_		

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