827113

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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A CUTLER MAR - 8 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I20000001	95				
	REFERENCE	: 552652	7654927				
	AUTHORIZATION	: Spelle	Man				
	COST LIMIT	: (\$ 25'.00					
ORDER DATE : M	•						
ORDER TIME :	1:46 PM						
ORDER NO. : 5	52652-020						
CUSTOMER NO:	7654927						
CHANGE OF AGENT							
NAME :	NJRE, LLC						
PLEASE RETURN TO CERTIFIE XX PLAIN ST		PROOF OF FILI	NG:				

EXAMINER:

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:NJRE, LLC					
2 (a)		(1	2)			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(.	(b)			
	1575 50TH STREET SUITE 201					
	BROOKLYN, NY 11219		BROOKLYN, NY 11219			
	07/23/2003		L0300002	27113		
3.	Date of filing/registration in Florida	4.	· · ·	Document numb	er	
5. (a)						
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of Sta	 nte:		
	C T CORPORATION SYSTEM		•		~ 3	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	 S)		623	
	1200 SOUTH PINE ISLAND ROAD		-		r 2023 MAR	
	PLANTATION	33324			; -	
	PLANTATION I	FL		_	٠ احد ، ا حد	
4.						
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:	_	M 8: 33	
			· -		ယ	
	Corporation Service Company					
	NEW Registered Office Address:			_		
	1201 Hays Street					
				_	•	
	Tallahassee	32301				
	,	r I		_		
change agent v was/w	imited liability company is not organized under the le or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registere liability co s of the lim	ed office ar impany, it i ited liabili	nd the business off is hereby confirme ty company or as c	ice of the registered d that the change(s)	
/s/ Ma	anuel Scharf	Mar	nuel Scharl	f		
Signa	ture of a member or authorized representative of a member			Printed or typed nar	ne of signee	
provisi the obl to mer notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address. I in writing of this change.	gree to act le perform led for in C I hereby co	in this cap ance of my hapter 60, onfirm that	oacity. I further ag duties, and I am fo 5. F.S. Or, if this a the limited liabilit	ree to comply with the amiliar with and accept document is being filed ly company has been	
	hace t-knby					
Signatu	re of Registered Agent \					