(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Fhorie #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(2)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



A RAMSEY
AUG - 5 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCC	OUNT NO.	:	12000000	0195			
RE	FERENCE	:	850949	8276536			
AUTHOR	ZIZATION	:	Smell	Kenan	<u>ر</u>		
COS	T LIMIT	:	\$ 25.00				
ODDED DATE . AUGUST 2	2022						
ORDER DATE : August 2	, 2022						
ORDER TIME : 9:35 AM	I						
ORDER NO. : 850949-0	14						
CUSTOMER NO: 82765	36						
CHANGE OF AGENT							
NAME: JMCG MIAMI GARDENS, LLC							
PLEASE RETURN THE FOLL	OWING AS	PRO	OOF OF FII	LING:			
CERTIFIED COPY XX PLAIN STAMPED							
CONTACT PERSON: Eylie	na Baker	~- -					
			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. Na	ume of the limited liability company:	GARDEN	IS, LLC			
2. (a)		((b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1395 N.W. 167TH STREET			
	1190 NE 125TH STREET					
	NORTH MIAMI, FL 33161		MIAMI	GARDENS, FL 33169		
	01/03/2008		L080000	01019		
3.	Date of filing/registration in Florida	4.		Document number		
# (n)						
5. (a)	Registered Agent and Registered Office shown on the records	of the Floric	ia Dept. of St	 Ne:		
	Chen, Stephanie		•			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u></u>			
	1395 N.W. 167TH STREET		<u> </u>			
	MIAMI GARDENS	FL_33169		ANS THE PHIS		
		Γ1- <u></u>		一、一、一、		
(b)						
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	_		
	Corporation Service Company			_		
	NEW Registered Office Address:					
	1201 Hays Street			_		
	Tallahassee	FL 32301				
If the li	imited liability company is not organized under the	laws of the	e State of F	— lorida it is hereby confirmed that after the		
change agent v was/we the arti	or changes are made, the Florida street address of to will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the	he register liability c s of the lir	red office an ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
	/ Christopher Chen	Ch	ristopher C	hen, Manager		
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obli to mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as proviously reflect a change in the registered office address, I in writing of this change.	te perform ded for in I hereby c	iance of my Chapter 60 confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
· · ·	Vivace C. NOCIO	GRACE E	KIRBY. 7	ASST. VICE PRESIDENT		
-Signatui	re of Registered Agent					