L08000042386

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Q. SIL ^S					
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Office Use Only



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SEGRETARY OF STATE

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CORPORATION SERVICE COMPANY

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

	ACCOUNT NO.	: 120000000	195	
	REFERENCE	: 850949	8276536	
	AUTHORIZATION	: Lovello of o	man	
	COST LIMIT	: (\$ 25× 0	THE STATE OF THE S	
ORDER DATE :	August 2, 2022			
ORDER TIME :	9:33 AM			
ORDER NO. :	850949-007			
CUSTOMER NO:	8276536			
CHANGE OF AGENT				
******	T.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
NAME:	JMCG HALLANDA	LE, LLC		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILE	ING:	
CERTII				
XX PLAIN	STAMPED COPY			
CONTACT PERSON	N: Eyliena Baker	EXT#		

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.

2. (a)		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	-, <u></u> -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	410 E HALLANDALE BEACH BLVD		1395 N	I.W. 167TH STREET
	HALLANDALE BEACH, FL 33009	_	Miami (Gardens, FL 33169
	04/28/2008		L08000	042386
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
,	Registered Agent and Registered Office shown on the records of t Chen, Stephanie	he Florid	a Dept. of S	itate:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRES	<u></u>	<u> </u>
	1395 N.W. 167TH STREET			
	MIAMI GARDENS FL	33169		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	ldress:	"UG -1 "T ECRETARY OF TALLAHASSEE
	Corporation Service Company			- SEE'S
	NEW Registered Office Address:		STA FI	
	1201 Hays Street			ATE L
	Tallahassee, FL_	32301		
thange agent w was/we he artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members or cles of organization or the operating agreement of the left / Christopher Chen	register bility co f the lin imited	ed office a ompany, it nited liabi liability co	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
Signat	·	 re to aci	t in this ca	Printed or typed name of signee wacity I further agree to comply with

GRACE E. KIRBY, ASST. VICE PRESIDENT