Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Refiger the email address for this business entity to be used for future Sample the email address to this business entity to be used to running annual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE JACOBSON JACKSONVILLE, LLC

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MAR 29 2024 K. Brumbley

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.

L. Na	ame of the limited liability company: Jacobson Jackson	ville L	LC				
2. (a)	9999 Collins Ave.		9999 Coll:	ins Ave.			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of I (Note: MAY RE			•
	Penthouse 2H	_	Penthouse	2H			
	Bal Harbour, FL 33154	<u> </u>	Bal Harbo	ur. FL 33154			
	08/21/2013		L130001183	362			
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a)	CAPITOL CORPORATE SERVICES, INC.						
J. (II)	Registered Agent and Registered Office shown on the records of t	he Flo	rida Dept, of State	- e:			
	515 E. PARK AVE., 2ND FL						
	Registered Office Address (MUST BE FLORIDA STREET &	(DDR)	ESS)	•			
(b) J	TALLAHASSEE, FL	3230	1	_		20	
	Corporate Creations Network Inc.			_	· .	2024 HAR 28	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:		•	₹28	<u> </u>
	801 US Highway 1					8 P:	
	NEW Registered Office Address:			_		-	
				-		23 33	
	North Palm Beach FL	3340	₹	_			
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of tregist bility f the	he State of Florered office and company, it is limited liability	d the business of s hereby confirm y company or as	ffice of the	he regist he chan	ered ge(s)
المستولي			·	od, Attorney-in-F	act		
	ture of a member or authorized representative of a member	_		Printed or typed n	ame of sign	nee	
provisi the obi to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change.	ee to i perfoi l for i iereby	act in this cape mance of my on Chapter 605 confirm that i	acity. I further e duties, and I am i, F.S. Or, if this the limited liabil	igree to c Jamiliar docume lity comp	comply v with an at is bei any has	vith the d accept ng filed been
jan- U							

Signature of Registered Agent