Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Pax Number

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## LLC REGISTERED AGENT CHANGE JM HOLDINGS OF GENEVA, LLC

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JUN 2 1 2019

## 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. <b>N</b>	ame of the limited liability company: JM HOLDING	GS OF GEN	IEVA, LLC			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  850 SEMINOLE WOODS BLVD.		(b)			
	GENEVA, FL 32732		ENEVA, FL 32732			
	07/31/2014	<del>_</del>	1000120834			
3.	Date of filing/registration in Florida	4.	Document number			
J. (a.	Registered Agent and Registered Office shown on the records of ROSS-ANDINO, KEVIN K  Registered Office Address (MUST BE FLORIDA STREET  2180 WEST STATE ROAD 434 SUITE 210	2019 JUN 20				
	LONGWOOD	32779	. ` m <sub>i</sub> -			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> ROSS-ANDINO, KEVIN K <u>NEW Registered Office Address:</u> 307 Cranes Roost Blvd Suite #2010	d Office address	PH 2: 10			
	Altamonte Springs , FI	L 32701				
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the registere iability compa of the limited limited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in			
Signature of a member or authorized representative of a member			Printed or typed name of signee			
provis the ob to mer notifie	the accept the appointment as registered agent and agenous of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this purple.  All an Sullivan, Special Chyan Sullivan, Special contents and the supplementary of the s	e performance ed for in Chap hereby confir	of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been			
Signati	ure of Registered Agent					