## 14000 133263

(R	equestor's Name)	
(A	ddress)	
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(C	Sity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nan	ne)
(C	Occument Number)	-
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

1 . . .

ACCOUNT NO. : I2000000195

REFERENCE : 684486 7390249

AUTHORIZATION : SARVICE MAN

COST LIMIT : \$ 25.00

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ORDER DATE: April 18, 2023

ORDER TIME : 12:34 PM

ORDER NO. : 684486-010

CUSTOMER NO: 7390249

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## CHANGE OF AGENT

NAME: JADE 2405 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- 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.

1.	Na	me of the limited liability company:				
2.		200 N Phillips Avenue	,	(b) 200 N Phillips Avenue		
	()	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	_ `	,	~	f limited liability company: E POST OFFICE BOX)
		Suite 301			Suite 301	
		Sioux Falls, SD 57104	_		Sioux Falls, SD 57104	
		08/25/2014		l	_14000133263	
3.		Date of filing/registration in Florida	4.	_	Document nur	nber
5.	(a)	Paracorp Incorporated				
	. ,	Registered Agent and Registered Office shown on the records of the 155 Office Plaza Drive	e Floric	ia I	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		1st Floor				Ź0Ź
		Tallahassee, FL_3	32301			: . 2023 AFR
						9
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C			ress:	AH.
						. 📆 🚅
		Corporation Service Company				ر. ي
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee, FL_	32301			
cha age was	nge nt w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re till be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of teles of organization or the operating agreement of the line	egister ility c the lir	ed om nit	office and the business of pany, it is hereby confined the liability company or a	office of the registered med that the change(s)
		/S/ Jordan Vitek ure of a member or authorized representative of a member	Joi	da	л Vitek, Authorized Pers	
I h pro the to n not	ereb visio obli nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete page gations of my position as registered agent as provided ply reflect a change in the registered office address. I he is pritting of this change	erform for in reby c	ian Ch on	Printed or typed a this capacity. I further ce of my duties, and I an apter 605, F.S. Or, if the limited liab. by. Asst. Vice President	agree to comply with the off familiar with and accept is document is being filed ility company has been