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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 684486 7390249

AUTHORIZATION : SPRINGLE

COST LIMIT : \$ 25.00

ORDER DATE : April 18, 2023

ORDER TIME : 12:35 PM

ORDER NO. : 684486-011

CUSTOMER NO: 7390249

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: JADE 3105 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.

2. (a)	200 N Phillips Avenue	(	(b)	200 N Ph	illips Avenue	
()	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	`	(0)		•	nited liability company: OST OFFICE BOX)
	Suite 301			Suite 301		
	Sioux Falls, SD 57104	<del></del>		Sioux Fall	ls, SD 57104	
	08/25/2014		ļ	_1400013:	3276	
3. 5. (a)	Date of filing/registration in Florida Paracorp Incorporated	<u> </u>	_		Document number	:r
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  155 Office Plaza Drive					
	Registered Office Address (MUST BE FLORIDA STREET)  1st Floor	ADDRES	SS)		_	1. 2023 AFR 19
	Tallahassee, FI	32301			_	R 19
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company				-	AH 8: 57
	NEW Registered Office Address:				-	
	1201 Hays Street				-	
	Tallahassee, FI	32301			_	
change agent w was/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members of the organization or the operating agreement of the	register ability co of the lin	ed om nit	office and pany, it is ed liability	I the business offi- hereby confirmed company or as o	ce of the registered dithat the change(s)
(2)	/S/ Jordan Vitek				Authorized Person  Printed or typed name of signee	
I hereb provisio he obli o mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and age bus of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this thange.	ee to ac perform d for in hereby c	t ir ian Ch von	i this capa ce of my a apter 605, firm that t	icity. I further agi	ree to comply with the

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