## 

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
	-	
(Crt	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Name	2)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	
	Office Use Onl	



## 









•

115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	10/12/2022	
	Jennifer Bialowas	-
	1795030	_
	JUPIT	
	es of Incorporation/Authorization	
🗌 Amer	ndment	
🗌 Char	nge of Agent	
Reins	statement	
🗌 Conv	version	
🗌 Merg	er	
🗌 Disso	olution/Withdrawal	
🔲 Fictiti	ious Name	
🗌 Othe	r	
Authorized / Signature: _	Amount:25.00	

.

.

ELEVROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED INEINGLAND & WALES, REGISTRY #80(27)2 6 LLOYDS AVE, UNIT 4Ct LONDON EC3IN 3AX +44 (0)20.3961.3080

## 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.

Name of the limited liability company:JUPITER B	WLLC	
<ul> <li>Principal office address of limited liability company:</li> <li>(<u>Note: MUST_BE_STREET_ADDRESS</u>)</li> </ul>	(b)	)
No Change		No Change
August 1, 2016		L16000143584
Date of filing/registration in Florida	4.	Document number
a) UNIVERSAL REGISTERED AGENTS, INC.		
Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
1317 CALIFORNIA ST.		
Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	2022 OCT 12
TALLAHASSEE, FL	32304	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun St., Suite 4	Office add	Tress: Price of the second sec
<u>NEW</u> Registered Office Address:		
Tallahassee	32301	
e limited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	the regist ability cou of the limi	tered office and the business office of the regist mpany, it is hereby confirmed that the change(s ited liability company or as otherwise provided
Julie Gracz	Julie	Gracz
nature of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

	/s/	Sean	Honan
--	-----	------	-------

1

Signature of Registered Agent

Sean Honan, Assistant Secretary Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00