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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

| Email | Address: | | | _ | |
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LLC REGISTERED AGENT CHANGE JAM CLOTHING LLC

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FEB 25 23

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 | ame of the limited liability company: JAM Clo | thing LLC | | | |
|---|--|--|--|--|--|
| | 3562 HEDRICK ST. | (b) 3562 HEDRICK ST. | | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) | | | |
| | JACKSONVILLE, FL 32205 | JACKSONVILLE, FL 32205 | | | |
| | 02/08/2017 | L17000031288 | | | |
| 3. | Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) | UNITED STATES CORPORATION AGENT | rs, inc. | | | |
| J. (a) | Registered Agent and Registered Office shown on the records o | f the Florida Dept. of State: | | | |
| | 13302 WINDING OAK COURT | 3 3 3 | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) ES 3 7 | | | |
| | A | | | | |
| | TAMPA | 1 33612 EF 9 | | | |
| (b) | Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address: STE 300 | d Office address: | | | |
| | St. Petersburg | L_33702 | | | |
| the ch agent was/w | ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | | | | |
| · Olan | ature of a member or authorized representative of a member | Printed or typed name of signee | | | |
| I here provis the ob to men natifie | phy accept the appointment as registered agent and a sions of all statutes relative to the proper and complet digations of my position as registered agent as provide vely reflect a change in the registered office address, and myriting of this change. | gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been int Secretary | | | |