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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

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	1. OF N. C. F. J. J.		1001		9-	Circui	0.11	0.10	CIIIOII			PIC	,,,,,	

Email Address:

LLC REGISTERED AGENT CHANGE PAVILION U.S.A, LLC

Certificate of Status	0
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T. LEMIEUX

APR - 5 2023

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. Name	of the limited liability company: Pay	vilion L	J.S.	A, LLC						
2. (a)				b)						
-	Principal office address of limited liability ec (Nate: MUST BE STREET ADDRES	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)								
16	16200 NW 49TH AVE MIAMI GARDENS FL 33014			1000 SE 8TH STREET HIALEAH FL 33010						
M										
			_	NE L			_			
06	06/19/17			L17000133695						
3.	Date of filing/registration in Florid	ia	4.		Document num	ıber		,		
5. (a) <u>CL</u>	ARKE, DOUGAN									
Regi	istered Agent and Registered Office shown on the	e records of th	e Florid	la Dept. of State	r					
Day	istered Office Address (MUST BE FLORIDA	A STREET A	nnbec	C)	-					
-	· · · · · · · · · · · · · · · · · · ·	<i>idi</i> ke ş	হয়							
10	000 SE 8TH STREET		-							
<u>HI.</u>	ALEAH	. FL 33010			•					
(b) No	orthwest Registered A	gent Li	LC			for G				
	r name of NEW Registered Agent and/or NEW	<u>× </u>		ldress:		· ·				
79	901 4th St N					·,	2023 Acc - 4	_		
NE'S	NEW Registered Office Address:						<u></u>	,		
ST	ΓΕ 300					P .34	Ć L			
S	t. Petersburg	FL	3370	2		i Dailis L Dailis	PM 12: 4 1			
the change agent will has/were at the articles	ed liability company is not organized unor changes are made, the Florida street is the identical. Or, in the case of a Florida uthorized by an affirmative vote of the roof organization or the operating agreem	address of the limited liab members of the li	he regi vility c the lir	istered office ompany, it is nited liability	and the busines hereby confirn y company or as	ss office of ned that the	the reg	gistered e(s)		
Signaturé o	f a member of authorized representative of a mer	mher			IAT SMITH Printed or typed n	ame of signee				
I hereby ac provisions of the obligati to merely re	cept the appointment as registered ages of all statutes relative to the proper and ons of my position as registered agent a effect a change in the registered office a criting of this change.	nt and agre complete p is provided iddress, I he	erforn for in ereby c	tance of my t Chapter 605 confirm that	icity. I further a laties, and I am	agree to coi familiar w	mply w ith and	accepi		

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