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3.

STATEMENT OF CHANGE OF REGISTERED OFFICE CR. REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY CC: APANY

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 IU/Iu							
1. Na	ame of the limited liability company	THANK Y	OU JESL	JS LLC			
2. (a)	4174 Inverrary Dr			Inverrary Dr			
()	Principal office address of limited (Note: MUST RE STREET			Mailing address of limited (Note: MAY BE POST			
	#111		#111				
	Lauderhill, FL 33319			hill, FL 33319			
	08/16/2017		L1700	0175255			
3.	Date of filing/registration	in Florida	4,	Document number			
5. (a)	PRICE, IRA B						
	Registered Agent and Registered Office sh	own on the records of th	e Florida Dept. of Si	ate:			
	9560 S.W. 107 AVE						
	Registered Office Address (MUST BE	FLORIDA STREET A	DDRESS)		ي اور خواج دوج	6 MA	eneu;
	#202	16	PICE BED S	₹ \$ # 15 3 # 15		<	B2300
	MIAMI	•	33176			tio 1	96306
(b)	Registered Agents		Vir.			00 · ((MA	F
,	Enter name of NEW Registered Agent an	d/or NEW Registered (Office address:			-	45.
	3030 N. Rocky Poi	nt Dr.	/ <u>k</u>		File	Ö	
	NEW Registered Office Address.						
	STE 150A		alika kitawayya pa garamawa a dalahaki wa ti ta ma wa gan	· • ·			
	Tampa	, FL	33607				
the cha agent v was/we the arti	imited liability company is not orgainge or changes are made, the Florid will be identical. Or, in the case of a gree authorized by an affirmative voticles of organization or the operating ture of a member or authorized representation.	nized under the law a street address of the initial part of the members of a agreement of the law of a member.	s of the State of it he registered off- bility company, is the limited liabil imited liability of Riley Park	ice and the business off is hereby confirmed thity company or as othe ompany. Printed or typed name of	fice of the re hat the chan erwise provi	egistere ige(s) ided in	
\mathcal{D}^{\prime}		pper and complete plagent as provided toffice address, lihite — Assistant	performance of m for in Chapter 6 ereby confirm the Secretary	y duties, and 1 am fami DS, F.S. Or, if this doc 14the limited liability co	har with an ument is be ompany has	id acce, ing file s been	pt d
_5)gnatu	re of Registered Agent						