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(City/State/Zip/Phone #)	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 622288 8374290								
AUTHORIZATION :								
COST LIMIT : Sport of the								
<i>(</i> /								
ORDER DATE : April 14, 2022								
ORDER TIME : 2:02 PM								
ORDER NO. : 622288-001								
CUSTOMER NO: 8374290								
CHANGE OF AGENT								
NAME: DMJ ONE, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Alexxis Weiland 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.

I. Na	me of the limited liability company: DMJ ONE, LLC	С						
2. (a)		((b)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`		Mailing address o (Note: MAY B		-	
	809-811 SW 10TH STREET		3	1 Mount	tain Blvd. Buildi	ing L		
	FORT LAUDERDALE, FL 33315		V	/arren, N	NJ 07059			
	02/26/2018		L18	3000048	3661			
3.	Date of filing/registration in Florida	4.			Document nur	nber		
5. (a)								
, ,	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	of the Florid	da De _l	ot, of Stat	e:	(A)	2(
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	2022 / SEC.		
	1200 SOUTH PINE ISLAND ROAD					<u>i</u> -	APR	
	PLANTATION	33324			_	: 	8	astro } ≟rna
	,		•	•	_		A	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	ed Office a	<u>ddres</u>	<u>\$</u> :		H	8: 21	
	NEW Registered Office Address:							
	1201 Hays Street				···			
	Tallahassee F	L 32301			_			
change agent w was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability c of the line e limited	red o ompa nited liabi	ffice and any, it is liability lity com	d the business of the business	office of the of the of the office of the of	he regi he cha	stered nge(s)
	ohn Horvath ure of a member or authorized representative of a member	Jol	hn Ho	orvath, A	Authorized Per Printed or typed		nivi	
I hereb provision the oblition mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	e verforn	iance	of mù c	acity. I further duties, and I an	agree to a afamiliar	comply with a	nd accent
Signatur	re of Registered Agent \ E. Kirby, Asst. Vice President							
	Division of Cornerations P.O.	Roy 632	7 _• T	`allahas	2200 FL 3731.1	l		