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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE JM RIVERSIDE, LLC

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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	me of the limited liability company: JM RIVERSI	DE, LLC		
2. (a	a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		03/12/2018 Date of filing/registration in Florida	 - 4.	L180000	64651 Document number
5. ((a)	Registered Agent and Registered Ottice shown on the records of the Florida Dept. of State 3458 LAKESHORE DRIVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) TALLAHASSEE , FL 32312			
(b	b)				APPROVEL AND FILED 2023 JUL 10 PH SECRETARY OF S HALLARKSSEE, FI
		7901 4th St N NEW Registered Office Address: STE 300			PH 3: 50 OF STATE OF BOOK
		St. Petersburg , FL	33702		
the cagen was/the a	ha. It w We Irtii	mited liability company is not organized under the lavinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the organization or the operating agreement of the full of a member or authorized representative of a member	the regis ability co of the lim limited li	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in
I he prov the c	ret isi obli ere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. Taylor Newman - Assistant Secretary	performa d for in C hereby co	in this capa ince of my c hapter 605 infirm that t	acity. I further garee to comply with the

Signatury of Registered Agent