LI9 (000139256

٦)	Requestor's Name)
٩)	Address)
A)	Address)
(C	City/State/Zip/Phone #)
(E	Business Entity Name)
([Document Number)
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: July 14, 2021

Order#: 904205/005

Re: JOECONTINUUMS2305, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25____.

Please take the following action:

<u>XX</u>	File in your office on a routine basis.
<u>XX _</u>	Issue Proof of Filing.
XX	Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

. Na	me of the limited liability company:	JUMS2305, LI	
. (a)	100 SOUTH POINTE DRIVE	(b) ¹	00 SOUTH POINTE DRIVE
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-) _	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	#2305	#	2305
	MIAMI BEACH, FL 33139	N	IIAMI BEACH, FL 33139
	05/28/2019	L1:	9000139256
	Date of filing/registration in Florida	4.	Document number
. (a)	HOBERMAN, JENNIFER		
(4)	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:
	3370 NE 190TH STREET #904		
	Registered Office Address <u>(MUST BE FLORIDA STREE</u>	<u>T ADDRESS)</u>	
	MIAMI	FL	
		"l	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>		میں النظار (۱۰۰۰) میں النظار ال
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addres	<u>م</u>
	Corporation Service Company		
	NEW Registered Office Address:		<u>(</u>
	1201 Hays Street		τ. Ο
	Tallahassee I	32301 ⁻ L	
hange gent v as/we	mited liability company is not organized under the l or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the Sta the registered o liability comp s of the limited	te of Florida, it is hereby confirmed that after the flice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in

Signature of a plember or authorized representative of a member

Printed or typed name of signce

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00