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J. HORNE MAY 20 2022					

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2022 MAY 19 AM 10: 12 TILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 685659 7385264

AUTHORIZATION: Spelled rain

COST LIMIT : \$ 25.00

ORDER DATE: May 17, 2022

ORDER TIME : 7:47 AM

ORDER NO. : 685659-013

CUSTOMER NO: 7385264

CHANGE OF AGENT

NAME: CJM/1100, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

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. 1	Name of the limited liability company: CJM/1100, LL	.C		
)		h)	
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	545 MADISON AVE.		545 MAD	ISON AVE.
	NEW YORK, NY 10022		NEW YOR	RK, NY 10022
	08/27/2019		L1900021	3585
3.	Date of filing/registration in Florida	4.		Document number
5. (a				
J. (Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State	– e:
	MCCHESNEY, RICHARD J			_
	Registered Office Address (MUST BE FLORIDA STREE) 500 FLEMING ST.	T ADDRES:	Σī	
	KEY WEST I	33040		_
				20: SI: FAL
(b				Z022 HAY SECRETA ALLAHA
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	<u>idress</u> :	A A
	Corporation Service Company			AY 19 LETARY OF HASSEE
	NEW Registered Office Address:			OF STA
	1201 Hays Street			2 :00
	Tallahassee	:L ³²³⁰¹		. 10
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registere liability co s of the lim	ed office and impany, it is nited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	/S/: JILL CILMI	JILL	_ CILMI, AU	THORIZED PERSON
Sign	nature of a member or authorized representative of a member			Printed or typed name of signee
provi. the oi to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, a ed in writing of this change.	le performa led for in C I hereby ca	ance of my a Thapter 605, Onfirm that t	luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signa	ture of Registered Agent	GRAC	.t. t. KIKB`	Y. ASST. VICE PRESIDENT