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COVER LETTER .				
TO: Registration Section Division of Corporations				
SUBJECT: Joins and Jams Publishing Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for tiling.			
Please return all correspondence concerning this matter to the f	following:			
Andrew Robinson Name of Person				
Joints and Jems Publishing Firm/Company				
2366 Volley Ave Address	_			
hissimmee, FZ 34744 City/State and Zip Code	<u> </u>			
Je-mail address! (to be used for future animal report notifi	cation)			
For further information concerning this matter, please call:				
Andrew Rubinson at (407) Name of Person) 569 7778 Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee □ \$5	5 Filing Fee & Certified Copy			

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.

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1.	Na	me of the limited liability company: <u>Joints and Jams Pill</u> 34 79 NE 163 rd St Suite1178 (b) 236	bliching
,	(2)	3479 NF 163'd St Switc 1/78 in 236	6 Haller Are
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		North Miami Beach, FL 33160 Kiss	immes, T-L 347.44
)
		5/14/2021 2 1900 Date of filing/registration in Florida 4. I	00226653
3.			Document number
5	(a)	Andrew Robinson	
•/ •	(11)	Andrew Kobinson Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
		2366 ilally, Ade	
		2366 Valley AVC Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		Kissimmer, FL 34744	
		FL	
	(b)	Andrew Robinson	r _s a
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	121
		3479 NE 163 d Strant	17 20 E
		NEW Registered Office Address:	()
		Suite 1178	PH 3:
		North Miami Beach FIL 33160	F 23
cha age wa	inge ent w s/we	mited liability company is not organized under the laws of the State of Flor or changes are made, the Florida street address of the registered office and rill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	_	And And	Y S Robinson Printed or typed name of signee
S	ignat	are of a member or authorized representative of a member	Printed or typed name of signee
pro the to t	wisio Obli mere	y accept the appointment as registered agent and agree to act in this capac ms of all statutes relative to the proper and complete performance of my di- gations of my position as registered agent as provided for in Chapter 605, ly reflect a change in the registered office address. I hereby confirm that th in writing of this change.	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed to limited liability company has been

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

Signature of Registered Agent