ida Department of State

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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE PJ TAUNTON VENTURES, 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.

I. Na	me of the limited liability company: PJ Taunton Ven	tures, LL	<u> </u>		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2020 N. Bayshore Drive Unit 4104 Miami Florida 33137		
	2020 N. Bayshore Drive Unit 4104				
	Miami Florida 33137				
	02/06/2020		L20000054	1249	
3.	Date of filing/registration in Florida	4.		Document number	
s. (a)	Registered Agent and Registered Office shown on the records of Taunton, Peter J	of the Flori	da Dept, of Sta	te:	
	Registered Office Address	LADDRE.	<u></u>	_	
	2020 N. Bayshore Drive Unit 4104				
	Miami	1, <u>33137</u>			
			·	2	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	Enter name of NEW Registered Agent and/or NEW Register	ed Office :	<u>ddress</u> :		
				, <u>, , , , , , , , , , , , , , , , , , </u>	
	NEW Registered Office Address:	· · · <u>-</u>		- U .T	
	2020 North Bayshore Drive Unit 501			_ 🧓 🗇	
				_	
	Miami	_{EL} 33137		م ب	
change igent v was/we he arri	imited liability company is not organized under the learn changes are made, the Florida street address of the 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 registe liability of the limited	e State of Fi red office ar company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
Signa	of a member or authorized representative of a member			Printed or typed name of signee	
I here provisi the obt	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, if it is change.	ひ かわかかかか	<i>217721712 (M. 2</i> 111)	o anares cona l'am tamanar wan ana acce	