

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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THE STATE

2024 DEC 18 FM 3: 37 OEVED IN T °° 2974 DEC 18 PH 4:47

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.

2. (a)	me of the limited liability company:JUST BREA		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		b)
	7777 N. WICKHAM ROAD, STE 12 #701		7777 N. WICKHAM ROAD, STE 12 #701
	MELBOURNE, FL 32940		MELBOURNE, FL 32940
	03/26/2020		L20000090711
B .	Date of filing/registration in Florida	4.	Document number
	Registered Agent and Registered Office shown on the records ASSURED COMPLIANCE SERVICES, LLC Registered Office Address (MUST BE FLORIDA STREE 1615 WOODWARD ST		
	ORLANDO	FL_32803	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office a	Idress:
	Corporation Service Company		
	<u>NEW</u> Registered Office Address: 1201 Hays Street		PH 4: 47
	Tallahassee	FL ³²³⁰¹	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Philip K. Calandrino				
Signature of a member or authorized representative of a member				

Philip K. Calandrino, Authorized Person

Printed or typed name of signee

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.

7-<u>Kubi</u> naca.

Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

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