Division of Corporations Electronic Filling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address:

LLC REGISTERED AGENT CHANGE THE JOEL COHEN GROUP 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.

1.	Na	me of the limited liability company: THE JOEI	L C	OHEN	GROUP LLC
2. (a	a)	18567 HARBOR LIGHT WAY	(b) 5030 CHAMPION BLVD		
(.	·-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		BOCA RATON, FL 33498	-	BOCA F	RATON, FL 33496
		06/01/20		L20000	151003
3.		Date of filing/registration in Florida	4.		Document number
5. (a)	JOEL COHEN			
(,	Registered Agent and Registered Office shown on the records of the	e Florid:	a Dept. of Stat	ee:
		18567 HARBOR LIGHT WAY			
		Registered Office Address (MUST BE FLORIDA STREET AD	DRES	<u>s)</u>	_
					21
		BOCA RATON , FL.3	3498	3	(+ +2)
Registered Agents Inc.					
Enter name of NEW Registered Agent and/or NEW Registered Office address			dress:	FILED PR 27 PM PR 27	
					* 富計 😕
		NEW Registered Office Address:			- 25 - 25
		STE 300			
		St. Petersburg , FL 3	3702	2	_
the c agen was/	hat t w wei	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the line.	ie regi: ility co the lim mited l	stered office ompany, it i nited liabilit liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Sig	nati	are of a member or authorized representative of a member	KIIE	ey Park	Printed or typed name of signee
I her proving the or motif	reb isid bli gred jed	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pegations of my position as registered agent as provided fly reflect a change in the registered office address, I he writing of this change. Bill Havre - Assistant Serot Registered Agent	erform for in C reby co	ance of my Chapter 605 onfirm that	acity. I further garee to comply with the