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H220002304603ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 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:				
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## LLC REGISTERED AGENT CHANGE HIPJOBJUICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUL -7 2022

M. SOLONON

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HIPJOBJUICE LL	C
Name (	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest I	Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, pl	lease call:
Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

15129570210

## 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.

l. Na	me of the limited liability company: THE JC	BUUICE				
2. (a)	245 PARK AVE 39TH FLC	OR	(b) 245 P	ARK AVE 39TH	FLOOR	
(/	Principal office address of limited liability compa	ny;		Mailing rodress of limited (Note: MAY BE POST		
	NEW YORK, NY 10167		NEW	YORK, NY		
	INCO TOTAL, INT TOTO!	<del></del>	14644	10111, 111	10101	
	1/19/2021	-	L2100	0014654		
3.	Date of filing/registration in Florida	4.		Document number		
5.: (a)	<b>BLUMBERGEXCELSIOR CORPORAT</b>	E SERVIC	ES, INC.			
.). (a)	Registered Agent and Registered Office shown on the rec	ords of the Flori	da Dept, of Sta	te:		
	155 OFFICE PLAZA DR 1	1ST FLO	OOR			
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRE	<u>223)</u>	~		
				_	P 200	
	TALLAHASSEE	<sub>FI</sub> 323	01	_	2929 JUL	
		. rt.		<u> </u>	::_: <del>[=</del>	
		,	<u> </u>			
(b)	Registered Agent Solutions, In	nc.		_	96	į
(b)		·	ddress:	<u>-</u>	-6 PH	
(b)	Registered Agent Solutions, In	·	nddress:	<b>-</b>	-6 PH 2:4	! !
(b)	Registered Agent Solutions, In Enter name of NEW Registered Agent and/or NEW Reg	·	address:	<b>-</b>	-6 PH 2	!
(b)	Registered Agent Solutions, In Enter name of NEW Registered Agent and/or NEW Reg  155 Office Plaza Dr.	·	address:	- -	-6 PH 2:4	! ! !

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/	Eric .	Zwerli	ng					Eric Zwerling	Authorized Person
_				 	_	 	 _		

Signature of a member or authorized representative of a member

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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent