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To:

Division of Corporations

Fax Number : (854)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5205

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Email Address:___

LLC REGISTERED AGENT CHANGE 111 E CHESTNUT 48J, LLC

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To. 18506176383

From: Registered Agents Inc.

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida,

1. N	ame of the limited liability company:	J1 48J, LLC	C	
2. (a)		(b	0)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability compa (Note: MAY BE POST OFFICE BO)	•
	7901 4th St N STE 300		7901 4th St N STE 300	
	St. Petersburg FL 33702		St. Petersburg FL 33702	
	10/12/2021	I	L21000445981	
3.	Date of filing/registration in Florida	4.	Document number	·
5. (a)	JESSE DEAN-KLUGER, P.A.			
	Registered Agent and Registered Office shown on the records o	The Florida	i Dept. of State:	
	1550 BISCAYNE BOULEVARD #201			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2021 St.	
	MIAME . F	L 33132	2024 FEB - SELLAI TALLAI	T
(b)	Registered Agents Inc			
,	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress:	ن
	7901 4th St N		SSEE. FL	
	NEW Registered Office Address:			
	STE 300	~		
	St. Petersburg	33702 I		
the cha agent v was/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regis iability cor of the limi s limited li	stered office and the business office of the re- ompany, it is hereby confirmed that the chang litted liability company or as otherwise provid-	gistered (c(s)
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provist the obl to mere natibes	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide left reflect a change in the registered office address. If it is change.	r performa ed för in C hereby co	in this capacity. I further agree to comply wance of my duties, and I am familiar with and Thapter 605, F.S. Or, if this document is being confirm that the limited liability company has	with the Laccept 1g filed been
rid Secondari	David Roberts - Assistant S	ecretary		