L21000449588

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE AUG - 5 2022						

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2022 AUG -4 AH 10: 48

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2022 AUG -4 PH 12: 58

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 850949 8276536						
AUTHORIZATION: Spelle man						
COST LIMIT : \$ 25.00						
ORDER DATE : August 2, 2022						
ORDER TIME : 9:34 AM						
ORDER NO. : 850949-010						
CUSTOMER NO: 8276536						
CHANGE OF AGENT						
NAME: JMCG JACKSONVILLE 6841 BLANDING BLVD., LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						

EXAMINER:

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	une of the limited liability company: JMCG JACKSO	ONVILLE	6841 B	BLANDING BLVD., LLC	
2. (a)		(1	b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1395 N.W. 167TH STREET		1395	N.W. 167TH STREET	
	MIAMI, FL 33169 UN	_	MIAM	/II, FL 33169 UN	
	10/14/2021		L21000449588		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
(4-)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of	f State:	
	CHANDLER, KATHRYN				
	Registered Office Address (MUST BE FLORIDA STREET 1395 N.W. 167TH STREET	ADDRES!	27	ZOZZ AUG SECRET FALLAHA	
	MIAMI . FI	33169			
		- <u></u>		- SSES	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			- AM D	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	i Office ad	dress:		
	Corporation Service Company			4 & & & & & & & & & & & & & & & & & & &	
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee . Fi	32301			
nange gent w /as/we ne artic /S/	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the // Christopher Chen	registere ability co of the lim limited l	ed office impany. iited liab iability	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
Signati	ure of a member or authorized representative of a member			Printed or typed name of signee	
rovisio he obli o mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I is writing of this change.	performe d for in C tereby co	ince of i Thapter infirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been Y. ASST. VICE PRESIDENT	