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Division of Corporations

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LLC REGISTERED AGENT CHANGE SOUTH FLORIDA JOINT REPLACEMENT STAY SUITES, LLC

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M. SOLOMON

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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	ame of the limited liability company:	A JOINT	REPLACE	MENT STAY SUITES, LLC	
2. (a)	1801 W. Sample Rd., Suite 200, Deerfield Beach, FL 33064	(b)	1801 W.:	Sample Rd., Suite 200, Deerfield Beach, FL 3306	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	12/02/2021	-			
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET A	2025 JUL			
	PLANTATION , FL	33324		28 PH	
(6)	United Agent Group Inc.	رت ہے			
	Enter name of NEW Registered Agent and/or NEW Registered (- · .: 4-			
	801 US Highway 1	_			
	NEW Registered Office Address:				
	North Palm Beach , FL	33408			
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	egistered bility con the limi imited lia	I office an npany, it i ted liabilit ability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signal	a Myles ture of member or authorized representative of a member			Printed or typed name of signee	
l herei provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address, I had In writing of this change.	e to act i erforma for in Ci ereby coi	n this cap nce of my hapter 605 nfirm that	acity. I further agree to comply with the	
Signatu	re of Rodstered Agent				