## L22000058761

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone #	)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Name	)				
(Do	cument Number)	· · · · ·				
Certified Copies Certificates of Status						
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TALLAHAUSLE, PLORIDA

2022 AUG -4 PH 12: 50 2022 AUG -4

AH 9: 57

J 3/5/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 850949 8276536 AUTHORIZATION : COST LIMIT ORDER DATE: August 2, 2022 ORDER TIME : 9:38 AM ORDER NO. : 850949-023 CUSTOMER NO: 8276536 CHANGE OF AGENT NAME: JMCG S BUCKNER 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	ame of the limited liability company: JMCG S BUG	CKNER BL	VD., LLC					
2. (a)		(1	0)					
,	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 GARDENS, FL 33169		MIAMI G	SARDENS, FL	33169			
	02/03/2022		L220000	58761				
3.	Date of filing/registration in Florida	<del></del> 4.		Document nu	umber			
5. (a)								
5. (a)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of Sta	— ite:				
	CHANDLER, KATHRYN							
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	<u></u>					
	1395 N.W. 167TH STREET					2022		
	MIAMI GARDENS	33169			-	2022 AUG	) - <del>- tri</del>	
	·			<del></del> -		ţ.		
(b)						≥	•	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office ad	ldress:		;	9	النب ا	
	Corporation Service Company					AH 9: 57		
	NEW Registered Office Address:			<del>_</del>				
	1201 Hays Street			<u> </u>				
	Tallahassee	FL32301		_				
change agent w was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the Action of the Christopher Chen	the registere Hiability cors of the lim he limited l	ed office ar ompany, it i nited liabili liability cor	nd the business is hereby confi ty company or	s office of the of the second that the second that the second that the second that the second the s	he regi: he chai	stered nge(s)	
Signat	Signature of a member or authorized representative of a member			Printed or type	Printed or typed name of signee			
provisi the obli to mere	by accept the appointment as registered agent and cons of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address. I'm writing of this change.	ele performa ded for in C I hereby co	ance of my Thapter 60. Onfirm that	duties, and I a 5, F.S. Or, if the the limited lia	m familiar his docume bility comp	with a ent is be eany ha	with the nd accept ring filed s been	
Signatu	Those Cotton	GRACE E.	KIRBY, A	NSST. VICE P	RESIDEN	I		