To: 18506176383

Page: 1/2

From: Registered Agents Inc.

Fax: 8134365206

Division of Corporations

dan Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Addr	ess	:

LLC REGISTERED AGENT CHANGE **EJC CAPITAL LLC**

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1... 20 2023

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. N	Name of the limited liability company:		
2. (a))	(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)
	05/11/22		00221593
3.	Date of filing/registration in Florida	4.	Document number
	CUDISTOROHI OS ELIAS I		
5. (a	Registered Agent and Registered Office shown on the records of	the Florida Dent.	of State:
	1501 NW 13th St Unit 14		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
			20:
	Boca Raton . Fl	33486	
(b)	Northwest Registered Agent LLC		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	. .
	7901 4th St N		
	NEW Registered Office Address:		(3)
	STE 300		
	St. Petersburg	33702	
	FL.	·	<u></u>
the chagent was/w the ar	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered ability compains of the limited l	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provi: the ol. to me	chy accept the appointment as registered agent and agistions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, I gd in writing of this change.	ree to act in the performance of for in Chapt hereby confiri	is capacity. I further agree to comply with the
- / V~	Taylor Newman - Assistant S	ecretary	
Signat	ure of Registered Agent		