Florida Department of State

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From:

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: (305)858-9900

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Email Address: ediaz@richards-law.com

LLC REGISTERED AGENT CHANGE JRBOUL, LLC

-3 PM 4: 32	DEPARTMENT OF STATE OIVISIONS CORPORATIONS TALL NITASSEE. FLORIDA
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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. N	ame of the limited liability company:		.			
2. (a)	121 NE 34TH STREET	(b) 121 NE 34TH STREET				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited (Note: MAY BE POST		
	APT 802		APT 802			
	MIAMI, FLORIDA 33137		MIAMI, F	LORIDA 33137		
	06/28/2022		L22000290	1090		
3.	Date of filing/registration in Florida	4.		Document number		
5 (a)	PBYA CORPORATE SERVICES, LLC					
5. (a)	Registered Agent and Registered Office shown on the records of t	he Flori	la Dept. of Stat	- e:		
	200 SOUTH ANDREWS AVENUE					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	(2)	-		
	SUITE 600			_		
	FORT LAUDERDALEFL	33301		<u>-</u>	D)	
(b)	WORLD CORPORATE SERVICES, INC.					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office 8	ddress:			
	2665 SOUTH BAYSHORE DRIVE			_		
	NEW Registered Office Address:			<u>:</u> .—.	1,2 CO	.•
	SUITE 703			, Fr	\mathfrak{S}	
	MIAMI , FL	33133		_		
change agent www.s/we the artic X Signat I hereb provision to mere noilfleti	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of effects of authorized representative of a member by decept the appointment as registered agent and agreems of all statutes relative to the proper and complete plations of my position as registered agent as provided by reflect a change in the registered office address, I have the of Registered Agent	register pility c the lir imited	ed office amompany, it is nited liability com	the business office of hereby confirmed that y company or as other ipany. Printed or typed name of the confirmed of typed name of the confirmed of typed name of the confirmed	if the regat the ch wise pro-	gistered ange(s) ovided in