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Disision of Corporations



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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.

ì.	Ne	ame of the limited liability company: JOHN	NSTO	ON SECUP	RITY GROUP LLC		
2.	(a)	7512 DR PHILLIPS BLVD		(b)	1208 DAVIDSON ROAD		
		Principal office address of limited trability company: (<u>Note: MI/ST BE STREET ADDRESS</u>)	<u> </u>	· · ·	Mailing address-of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		50-308					
		ORLANDO, FL 32819			NASHVILLE, TN 37205		
_		09/15/2022		_	L22000403597		
3.		Date of filing/registration in Florida	- 4		Document number		
5.	(a)	CUMBIE, WILLIAM, PA					
		Registered Agent and Registered Office shown on the records of	f the F	lorida Dept. of 1	~~		
		2021 ART MUSEUM DRIVE					
		Registered Office Address (MUST BE FLORIDA STREET	ADD	RESSI	- <u></u> ·		
		SUITE 140	_		2022 STC		
		JACKSONVILLE	L	32207			
(ხ) _	Corporate Creations Network Inc.					
		Enter name of NEW Registered Agent and/or NEW Registered	<u>d Off</u> ic	е нада съз:			
		801 US Highway 1			STATE D		
		<u>NEW</u> Registered Office Address:	_				
		North Palm Beach, FL		_33408			
agen was/ the a	t wi wer rticl	nited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia e authorized by an affirmative vote of the members o les of organization or the operating agreement of the	regis ability of the	tered office / company, it limited liabil	ind the business office of the registered is hereby confirmed that the change(s)		
Ra	ch	al Joseph. re of Thember or muthorized representative of a member		Rachel Joseph, Attorney-in-Fact			
				Printed or typed name of signee			
l her provi	reby ișior) accept the appointment as registered agent and agre ns of all statutes relative to the proper and complete t	ee lo . perfoi	act in this ca	pacity. I further agree to comply with the		

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mercly reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Rachel Joseph Rachel Joseph. Special Secretary Signature of Registered Agent

> Division of Corporations• P.O. Box 6327• Tallabassee, FL 32314 FILING FEE: \$25.00

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