Florida Department of State Division of Somorations

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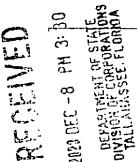
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Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE JTRIPLEJ LLC

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Help

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: JTripleJ LLC			
2. (a)	8643 s sutton dr	,	b)	
(0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	miramar,Florida (US)33025			
	10/18/2022 12:00:00 AM		1.2200044902	28
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a)	LEGALING CORPORATE SERVICES INC.			
()	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	of the Florid	la Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Jacksonville I	FL ³²²⁰²		
(1.)	Corporate Creations Network Inc.			1-
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress:	· · · · · · · · · · · · · · · · · · ·
	801 US Highway 1			<u>;</u>
	NEW Registered Office Address:			29.71 2
				<u>*</u>
	North Palm Beach, I	FL		hillory.
change agent was/w	limited liability company is not organized under the I c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization on the operating agreement of the	he register liability ed s of the lin	red office and ompany, it is nited liability	rida, it is hereby confirmed that after the the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Dan	ielle W. Gossi	nan, Special Manager
-	nure of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, a d'in writing of this change.	gree to ac le perform led for in l I hereby c	t in this capa ance of my di Chapter 605, onfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed to limited liability company has been
Signate	re of Registered Agent	Gossman,	, Special Sec	retary
Signati	ate of registered regent			