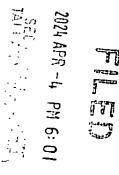


| (Requestor's Name) |
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| (iveducator a ivanic) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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04/04/24--01026--082 **1575.00



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| J-ZEC Utah III. LLC SUBJECT: | |
| | of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this n | natter to the following: |
| Kylie Conrad & Kayla King | |
| Name of Person | |
| Corp1, Inc. | |
| Firm/Company | |
| 7700 E Arapahoe Rd Ste 220 | |
| Address | |
| Centennial, CO 80112 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual | report notification) |
| For further information concerning this matter, ple | |
| Kylie Conrad | 720 823-9273 |
| Name of Person | at () Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following an | nount: |
| ■ \$25 Filing Fee | S55 Filing Fee & Certified Copy |
| INHS18 (2/14) | |

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 | Tame of the limited liability company: J-ZEC Utah III. L | .LC | | | | | |
|--------------------------|---|---|---|---|---|--|---------------------------------------|
| 2. (a) | 223 ROVAL DALM DRIVE | | (b) 224 ROYAL PALM DRIVE | | | | |
| ~ (**) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | (| Mailing address of lim (Note: MAY BE PO | | | • |
| | FORT LAUDERDALE, FL 33301 | _ | FORT LA | NUDERDALE, FL 3. | 3301 | | |
| | 11/08/2022 | | 1.22000478 | 8903 | | | |
| 3. 5. (a | Date of filing/registration in Florida CORPORATION SERVICE COMPANY | 4. | | Document number | er | | |
| (u | Registered Agent and Registered Office shown on the records of 1201 HAYS STREET | the Flor | ida Dept. of Sta | tte: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET. | 4DDRE | <u>(SS)</u> | _ | | | |
| | TALLAHASSEE, FL | 32301 | -2525 | _ | SEC: | 2024 APR | 777 |
| (b) | Registered Agents Inc | | | _ | | †- ∆k | |
| , | Enter name of NEW Registered Agent and/or NEW Registered | Office | address: | | | | |
| | 7901 4th St N | | | _ | <u>.</u> | PM 6: 01 | |
| | NEW Registered Office Address: | | | | | 0 | |
| | Ste 300 | | | _ | | | |
| | St. Petersburg, FL | 33702 | | _ | | | |
| chang agent was/v | limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liewere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | registent ability of the 1 | ered office ar company, it imited liabili | nd the business offi is hereby confirmed ity company or as o | ice of the d that the | registe chang | red c(s) |
| | DUGLAS BERMAN | D | OUGLAS BE | | | | |
| | nature of a member or authorized representative of a member | | | Printed or typed nam | - | | |
| provi the ol to me | eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I i ed in writing of this change. | ee to a perfor d for it hereby | ct in this cap mance of my a Chapter 60 confirm that | pacity. I further ag chities, and I am fa 5, F.S. Or, if this a the limited liabilit | ree to co miliar w locument y compai | mply w ith and is bein ny has i | ith the accept ig filed been |
| | AVID ROBERTS | | | | | | |
| Signal | ture of Registered Agent | | | | | | |