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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. submits the following statement in order	0114 or 605,0116, to change its regi:	Florida Stat stered office	utes, the undersigned limite or registered agent, or b	ed liability company oth, in the State of
r amue	G&M - CHEW			
Name of the Limited Liability Company:	Į.			
2. (a) 820 EAST GATE DRIVE SUI	TE 101	(b) 820 EAST GATE DRIVE SUITE 101 Meiling address of limited liability company: (Natr: MAX RE POST OFFICE BOX)		
Principal office stdress of limited li (Note: MUST BR STRUKT)				
MOUNT LAUREL, NJ 08054		MC	DUNT LAUREL, NJ 08	054
12/15/2022		L22	2000525642	
. Date of filing/registration in	ı Florida	4.	Document number	
(a) C T CORPORATION SYSTE	M			
Registered Agent and Registered Office shot		Horida Dept.	of State:	
1200 SOUTH PINE ISLAND	ROAD			وفيان
Registered Office Address (MISTRE F		DRESS!		= 5, 25
DI ANTATIONI		20004		185
PLANTATION	, FL_	33324		Co
A) Conital Corporate Spruigna II	no			
(b) Capitol Corporate Services, II Finter name of NEW Resistered Assets and/		ffice address:		3
				<i>(.</i>
515 East Park Avenue 2nd Fl	<u>l</u>			Ç
NEW Rogistared Office Address:	·			
			=	
Tallahassee	, FL	32301		
the limited liability company is not organice change or changes are made, the Florida gent will be identical. Or, in the case of a lawwere authorized by an affirmative vote a cricles of organization or the operating a	street address of the Florida limited liable of the members of t	io registered ility compan the limited li	office and the business offi y, it is hereby confirmed the ability company or as other	ce of the registered
Otherw Mesumer (Oct. 19, 2023 13:40 EDT)		Matthew N	Aesmer, Authorized Signat	ory
Signature of a member or authorized representative hereby accept the appointment as register ovisions of all statules relative to the prope a colligations of my position as registered merely reflect a change in the registered of tified in writing of this change.		to act in thi informance of or in Chapte raby ownfirm	Printed or typed name of s capacity. I further agree if my duties, and I am familiar 605, F.S. Or, if this document the limited Hability ca	•
Bin Interter	Brian Ra	decki, Ass	sistant Secretary on	
ignature of Registered Agent			omorate Seniose Inc	

Division of Corporationse P.O. Box 6327e Tallahassec, PL 32314 FILING FEE: \$25,00