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From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

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K. SALY



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Floria	ts the following statement in order to cha la.	nge its regis	tered	office o	es, the undersigned limited liability company registered agent, or both, in the State of
i. Na	me of the Limited Liability Company:	L JV CHA	MPA	AGNE,	
2. (a)	703 NW 62nd Avenue, Suite 490		ſ	ь) 703 N	W 62nd Avenue, Suite 490
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Midling address of limited liability company: (Note: MAY RE POST OFFICE BOX)		
	Miami, FL 33126			Miam	i FL 33126
	12/16/2022			L2200	0529099
3.	Date of filing/registration in Florid	da	4		Document number
5. (a)	Capital Corporate Services, Inc.				
` '	Registered Agent and Registered Office shown on the	e records of the	Horid	a Dept. of	State:
	515 EAST PARK AVE 2ND FL				
	Registered Office Address (MUST BE FLORID)	A STREET AD	DRES.	S)	206
	TALLAHASSEE	, FL 3	3231	 }1	2024 AUG
	MEDAINOULL	, rL_ <u>\</u>	<u> </u>	<i>y</i> 1	
(h)	Capitol Corporate Services, Inc.				F
(0)	Enter name of NEW Revistered Agent and/or NEW Registered Office address:			The Residence of the Control of the	
					10) 44 55 100 100 100 100 100 100 100 100 100 100
	515 East Park Avenue 2nd Fl		_		_
	NEW Registered Office Address:				
	Tallahassee	, FL 3	3230	1	
	i alianassee	, ri,	JZ 30	1	
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized un ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the ricles of organization or the operating agreem	address of the limited liabi members of the	e regi lity co he lin	stered of ompany, nited liab liability	Tice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in
	the of a member or authorized representative of a me	mber			Printed or typed name of signee
I here provisi the obt to mer notifie	by accept the appointment as registered age ions of all statutes relative to the proper and ligations of my position as registered agent of the registered office of a writing of this change.	nt and agree I complete pe as provided fo address, I her	to ac rform or in t eby c	t in this connect of the Chapter confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
<u>سرچ</u>	Parlacki "			-	stant Secretary on
Signatu	re of Registered Agent	behalf of	Сар	itol Co	rporate Services, Inc.

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: S25.00