## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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변호를 Email Address:\_\_\_\_\_

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DEFAST STANDARION
TALLARS SSEE PLORIDA

## LLC REGISTERED AGENT CHANGE JAYLYNS WAYS LLC

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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

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:	.C			
2. (a)	980 North Federal Highway Suite 110		980 North Federal Highway Suite 110		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Boca Raton, FL 33432		Boca Rate	on, FL 33432	
	03/17/2023		£23000138	431	
<ul><li>3.</li><li>5. (a</li></ul>	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	— 4.		Document number	
,	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Flori	da Dept, of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>	_	
(b)	Jacksonville , F	32202 L		2024 NPR	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	iddress:	•	
	801 US Highway 1			PH 5:	
	NEW Registered Office Address:			- <u>10</u> - 2:	
	North Palm Beach , F	L33408			
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- cere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	registe ability of of the li	red office a company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	Kristen Espinales	Kı	isten Espinal	es, Attorney-in-Fact	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mei	eby accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I ad in writing of this change.	nertori	nance of my	duties, and I om Jamiliar with and accept	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FH.ING FEE: \$25.00

Kristen Espinales, Special Secretary

Kristen Espinales

Signature of Registered Agent