Florida Department of State Division of Corporations Electronic Fling Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

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

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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124 MAY - 1 PM 1: 38 129 MAY - 1 PM 1: 38

LLC REGISTERED AGENT CHANGE JUST JAKE MEDIA LLC

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Corporate Filing Menu

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MAY 01 2024 K. Brumbley

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.

Na	ame of the limited liability company: Just Jake Media	LLC			
(a)	5277 COUNTY ROAD EAST		(b) 5277 COUNTY ROAD EAST		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Sailing address of limited (Note: MAY BE POST	
	AVON PARK, FL 33825		AVON PA	RK, FL 33825	
	05/01/2024		L230001502	34	
	Date of filing/registration in Florida	— 4.	-: -	Document number	· · · · · · · · · · · · · · · · · · ·
(a)	LEGALINC CORPORATE SERVICES INC.				
	Registered Agent and Registered Office shown on the records of	of the Flo	rida Dept, of State	:	
	476 RIVERSIDE AVE.				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDR	ESS)		
	JACKSONVILLE , I	TL_3220	2		
	Corporate Creations Network Inc.				2024
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:		=
					7024 HV. – 1
	801 US Highway I				
	NEW Registered Office Address:				. .
					9
	North Palm Beach	FL_3340	3		~
ange ent v s/we	imited liability company is not organized under the lear changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited attended by an affirmative vote of the members cles of organization or the operating agreement of the members.	ne regist liability s of the ne limite	ered office and company, it is limited liability d liability com	the business office of hereby confirmed the company or as other pany.	of the registered at the change(s)
_	strella / avarez	<u> </u>	strella l'avarez,	Attorney-in-Fact	cimaa
_	ture of a member or authorized representative of a member			Printed or typed name of	·

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Ageny