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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

: (813)436-5206 Fax Number

*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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M. SOLOMON

JUL 24 2024

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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 605.0114 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.

l.	Na	ime of the limited liability company:	V GROU	JP LLC				_
2.	(a)							
. ,.,		Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of lumited liability company: (Note: MAY BE POST OFFICE BOX)				
		09/05/2023	_	L230004149	966			-
3.		Date of filing/registration in Florida	4.		Document number		·	_
5.	(a)	ESSINGTON, ERICKA						
		Registered Agent and Registered Office shown on the records of the 1053 GULFSHORE BLVD	:	##. ##. ##.	2824			
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	2		RETAR	2824 JUL 24	-
		ALLIGATOR POINT FL	32346			Y OF S	÷ ₽	ŗ
	(p)	REGISTERED AGENTS INC Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:		STATE LORID/	2: 33	•
		7901 4TH ST N						
		NEW Registered Office Address:						
		STE 300						
		ST. PETERSBURG, FL_	3702					
cha age was the	inge nt w s/wc arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	egistere oility co the lim mited li	d office and mpany, it is ited liability iability com	the business office of the hereby confirmed that to company or as otherwise	ne regist he chan	tered gc(s)	2
1 .	iovat	are of a member or authorized representative of a member	<u> </u>	in Jones	Printed or typed name of sign	1,143		_
I h pro the to r not	erel visio obli nero ifica	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided j dy reflect a change in the registered office address. The I'm writing of this change.	e to act erforma for in C weby co	in this cana	city. I further agree to a	annly:	with the d accept ing filed been	t
Sig	natui	David Roberts e of Registered Agent						