123000466180

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone	#)						
PICK-UP WAIT	MAIL						
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 554965 8441010

AUTHORIZATION :

COST LIMIT : \$25.0 >

reis de ma

ORDER DATE : July 17, 2024

ORDER TIME : 10:06 AM

ORDER NO. : 554965-050

CUSTOMER NO: 8441010

CHANGE OF AGENT

NAME: RM JASPERS FL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER:

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. Na	ame of the limited liability company: RM JASPERS	FL LLC			
2. (a)	4100 LEGENDARY DRIVE #280		(b)	4100 LEGENDARY DRIVE	E #280
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of lin	nited liability company: POST OFFICE BOX)
	DESTIN, FL 32541			DESTIN, FL 32541	
	10/09/2023		l	L23000465690	
3.	Date of filing/registration in Florida	4.		Document number	er
5. (a)	Registered Agent and Registered Office shown on the records of REGISTERED AGENT SERVICES, INC. Registered Office Address (MUST BE FLORIDA STREET) 2894 REMINGTON GREEN LN. STE. A				
	TALLAHASSEE	32308			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	ed Office as	<u>ddr</u>	ress:	2021: JE
	NEW Registered Office Address:				<u> </u>
	1201 Hays Street				- ! - : - : - : - : - : - : - : - : - : - :
	Tallahassee, I	L_32301			. 22
change agent w was/we the arti-	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the LCILMI	e register liability co of the lin e limited	red om nite lia	l office and the business offingany, it is hereby confirmented liability company or as of	ice of the registered d that the change(s) otherwise provided in
	ure of a member or authorized representative of a member		_	Printed or typed nan	
I herel provision the oblit to mere notified	by accept the appointment as registered agent and agons of all statutes relative to the proper and completigations of my position as registered agent as providity reflect a change in the registered office address, It in writing of this change.				ree to comply with the miliar with and accept locument is being filed y company has heen
$\frac{\sqrt{\sqrt{2}}}{\sqrt{2}}$	GRACE E. KIRBY. ASS	I. VICE	ГK	ADSIDENT	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 554965