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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Cmail	Address			

LLC REGISTERED AGENT CHANGE JDW OF FLORIDA, LLC

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JDW OF FLORIDA	A, LLC
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this i	natter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
5301 Southwest Pkwy, Suite 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
	at (<u>888</u>) <u>705-7274</u>
Name of Person	Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following an	10unt:

☐ \$55 Filing Fee & Certified Copy

☐ \$25 Filing Fee

15129570210

H24000036645 3

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

1. 8	Same of the limited liability company: JDW (OF FLOR	RIDA, LLO	<u>C</u>			
2. (a)	9001 COLLINS AVE UNIT S60	001 COLLINS AVE UNIT S605 (b) 9429 I			HARDING AVE #290		
	Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)			failing address of limited I	iability co	ompany:	
	SURFSIDE, FL 33154		SURFS	SIDE, FL 3315	54		
	07/27/2015		L23000	548595			
3.	Date of filing/registration in Florida	4,	-	Document number			
5. (a	, REGISTERED AGENT SOLU	ITIONS,	INC.				
J. (0	Registered Agent and Registered Office shown on the reco	ords of the Flori	da Dept, of State:	:			
	155 OFFICE PLAZA DR STE	Α					
	Registered Office Address (MUST BE FLORIDA ST.	REET ADDRE	55)				
	TALLAHASSEE	_, _{FL} 323	01	<i></i>	202		
(b)	Registered Agent Solutions, Inc.			ALLA	2024 JAN 26	ŢŢ	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			E S	26	7	
	2894 Remington Green Ln.			AHASSEE	AM 11: 27		
	NEW Registered Office Address:					المهيدة	
	Ste. A			. J.E.	7		
	Tallahassee	_, FL_3230	8				
If the	limited liability company is not organized under	the laws of th	e State of Flo	rida, it is hereby conf	irmed th	nat after	
	ange or changes are made, the Florida street addr will be identical. Or, in the case of a Florida lim						
was/v	were authorized by an affirmative vote of the mem	ibers of the li	mited liability	company or as other	wise pro	ovided in	

Mackenzie Hibler

Mackenzie Hibler, Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 partially writing Mah change. ed in writing of this change.

Mackenzie Hibler, Assistant Secretary

Signature of Registered Agent