9/10/2024 05:20 T6 POT. To 18506176383 Page: 1/2 Fax: 8134365206

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE JNK GLOBAL ENTERPRISES LLC

Certificate of Status	0
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Page Count	02
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K. SALY

SEP 1 1 2024

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Same of the limited liability company:  JNK GLOBAL EN	TERPRISES	LLC
2. (a	Principal office address of limited liability company:	(b) _	Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )		( <u>Note: MAY BE POST OFFICE BOX)</u>
	01/22/24	L24	000041865
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of	pt, of State:	
	Registered Office Address IMUST BE FLORIDA STREET	<del></del>	
	7433 CATANIA LOOP		
(b)	CLERMONT FI		
	Northwest Registered Agent LLC		TILLE ME 2
	Enter name of NEW Registered Agent and/or NEW Registered		
	7901 4th St N		# F 25
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg F1	33702	
the ch agent was/v the ar	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the register lability comp of the limited limited liab	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.
	ature of a member or authorized representative of a member	Nat Smi	Printed or typed name of signee
I herovi. provi. the ol to me.	why accept the appointment as registered agent and agesions of all statutes relative to the proper and complete obligations of my position as registered agent as providerely reflect a change in the registered office address. It is writing of this change.  Taylor Newman Assistant S	e performand ed för in Cha herchy confi	this canacity. I further agree to comply with the