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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 Fax Number : (813)436-5206

annual report mailings. Enter only one email address please.** **É**mail Address:

LLC REGISTERED AGENT CHANGE JSCATERING LLC

**Enter the email address for this business entity to be used for future

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

(a)		(b)	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/21/2024		0091139
	Date of filing/registration in Florida	- 4	Document number
	SCHWARTZ, JOSEPH	•	Social Control Control
(b)	Registered Agent and Registered Office shown on the records of t		
	Registered Agent and Registered Office shows on the records of	ne i mana izeja. v	, value
	Registered Office Address		
	10622 SW 53RD ST		
	COOPER CITY	22220	
	COOPER CITY		2024
	Registered Agents Inc		2024 FEB
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	FILEU 3: 52 A FEB 28 PM 3: 52 LLÄHÄSSEF! FLÖRIÖ
			Sin a m
	7901 4th St N		PH 3: 52
	NEW Registered Office Address:		(ON) (N
	STE 300		
	St. Petersburg, F1.	33702	
e cha gent v as/we e arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of these of organization or the operating agreement of the	the registered oblifty company f the limited lia	office and the business office of the registere y, it is hereby confirmed that the change(s), ability company or as otherwise provided in
12	ure of a member of authorized representative of a member	Robin Jone:	S
Signal			Printed or typed name of signee
		on to port in this	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent