## L24000255004

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bus	siness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to F	Filing Officer:			
	J. HODA			
	J. HORNE JUL 3 D 2024			
	JUL 3 D 2024			
<u> </u>				

Office Use Only



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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE		JP3 INVESTMENT HOLDINGS LLC				
		Name of Limited Liability Company				
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning	g this matter to the	following:			
Courtne	y Proefrock					
	Name of Person		_			
Anderso	on Business Advisors					
	Firm/Company		_			
3225 M	cLeod Drive, #100					
	Address		_			
Las Veg	as, NV 89121					
	City/State and Zip Coo	le	_			
ra@and	ersonadvisors.com					
E-	mail address: (to be used for future	annual report notifi	cation)			
For furt	her information concerning this ma	tter, please call:				
Courtne	y Proefrock	800 at (	7064741			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ing amount:				
	■ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy			

## 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. N	lame of the limited liability company:   1P3 INVESTME	ENT HOLDI	DINGS LLC	
2. (a)	851 NORTHEAST IST AVENUE, 4408	(b)	851 NORTHEAST 1ST AVENUE, 4408	
,	Principal office address of limited liability company:	(0)	Mailing address of limited liability compa	-
	( <u>Note: MUST BE STREET ADDRESS</u> ) MIAMI, Fl. 33132		(Note: MAY BE POST OFFICE BOX MIAMI, FL 33132	.)
	WITANII, P.L. 33132		MIMMI, FL 33132	
	06/04/2024	1	1.24000255064	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	CZECH CONNECT, LLC			
J. (u	Registered Agent and Registered Office shown on the records o	f the Florida I	Dept, of State:	
	Registered Office Address (MUST BE FLORIDA STREET	<u></u>		
	851 NORTHEAST IST AVENUE, 4408			
	MIAMI	L_33132	2	
	, F	L		
(b)	Anderson Registered Agents, Inc.		( -	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	dress:	
	625 E. Twiggs Street, Suite 110,		: <b>:</b>	
	NEW Registered Office Address:		<del></del>	
			· · · · · · · · · · · · · · · · · · ·	
	Tampa . F	33602 1.		
chang agent was/w the art	limited liability company is not organized under the lace or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the purtney Proefrock.	e registered lability con of the limit c limited lia	ed office and the business office of the register impany, it is hereby confirmed that the change ited liability company or as otherwise provide iability company.	red c(s)
_	•		Printed or typed name of signee	ial. al
provis the ob to mei	eby accept the appointment as registered agent and ageous of all statutes relative to the proper and complete digations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act is performan ed for in Ch hereby con	in this capacity. I further agree to comply wi ince of my duties, and I am familiar with and chapter 605, F.S. Or, if this document is being infirm that the limited liability company has b	th the accept g filed ween
Signat	ure of Registered Agent			