## HO3COCOCIALO

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195									
REFERENCE : 061913 4342287									
AUTHORIZATION: Cipre Colle man									
COST LIMIT : \$ 25.00									
ORDER DATE : October 11, 2023									
ORDER TIME : 2:42 PM									
ORDER NO. : 061913-072									
CUSTOMER NO: 4342287									
CHANGE OF AGENT									
NAME: JBG-SAGE, LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY									
XX PLAIN STAMPED COPY									
CONTACT PERSON: Alexxis Weiland-sorenson									
EXAMINER'S INITIALS:									

## 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	me of the limited liability company:JBG-SAGE, LL	.C	_					
2	(a)	1107 HAZELTINE BOULEVARD SUITE 200		(b	1107 HAZ	ZELTINE BOU	JLEVARD	SUITE 200	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0		Mailing address ( (Note: MAY I		ability company: FFICE BOX)	
		CHASKA, MN 55318			CHASKA,	MN 55318			
		02/21/2003			M0300000	0626	Dii	23	
3.		Date of filing/registration in Florida	4			Document nu	ımber :	007	
5.	(a)					_		<del>-</del>	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State NRAI SERVICES, INC				:	MH 11: 03		
		Registered Office Address (MUST BE FLORIDA STREET A			)	-	= 1 -	: 0;	
		1200 South Pine Island Road				_		w	
		Plantation	333	24	-				
			···		<u>-</u>	<del>-</del>			
	(b)					_			
		Enter name of NEW Registered Agent and/or NEW Registere	<u>d Offi</u>	ce ado	ress:				
		Corporation Service Company							
		NEW Registered Office Address:				-			
		1201 Hays Street							
		Tallahassee, F	L_323	01					
cha age wa:	inge ent w s/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regi: abilit of the	stere y cor limi	d office and npany, it is ted liability	I the business hereby confi company or	office of rmed that	the registered the change(s)	
		Jill Cilmi		Jill Cilmi, Authorized Person					
I hi pro the to i	ereb visio obli nere ified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	perfor Ind for Inereb	orma in C by co	nce of my a hapter 605, nfirm that t	Printed or typed activ. I furthe. luties, and I a F.S. Or, if the he limited lian Vice Presiden	r agree to m familia his docum bility com	comply with the	

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