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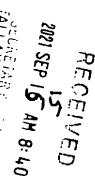
((Requestor's Name)
	(Address)
 -	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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17A/R0/18

SEP 1 & 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 999231 8355124

AUTHORIZATION : 7

COST LIMIT : \$ 25.00

ORDER DATE: September 15, 2021

ORDER TIME : 10:41 AM

ORDER NO. : 999231-015

CUSTOMER NO: 8355124

CHANGE OF AGENT

NAME: J.E.M., L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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.

	214 Camellia Street		(b) 214 Camellia Street					
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			-		
	Waveland, MS 39576		Wavelan	d, MS 39576				
	August 12, 2004	ñ	//04 00000	03253				
	Date of filing/registration in Florida	4.		Document number	-			
(a)								
(,	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept. of Sta	 te:				
	C T Corporation System					20		
	Registered Office Address (MUST BE FLORIDA STREET	T.ADDRESS)		_		2021 SEP		
	1200 South Pine Island Road							
	Plantation	L_33324		- -		5		
	F	L.,		_		Ä	ا (مستعر	
(b)					٠.	ö	1	
\ - <i>\</i>	Enter name of NEW Registered Agent and/or NEW Registered		ress:	_	٠	AH 10: 19		
	Corporation Service Company							
	NEW Registered Office Address:			_				
	1201 Hays Street			_				
	Tallahassee	. 32301						
ange ent v is/wo	imited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited la authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the S e registered iability con of the limit	l office an apany, it i ed liabilit	d the business office s hereby confirmed t sy company or as oth	of the	e registe e change	red e(s)	
	s/James F. Marlowe	Jame	s E. Marl	owe, Managing Mem	nber			
/				Printed or typed name	of signe	e		
	ure of a member or authorized representative of a member			- ·				

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00