M1200006467

| (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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| |

Office Use Only



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2021 JUH-4 AM II: 56

1. At 8: 52

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 06/04/2021 | |
|-------------------------|--------------------------------------|----------------------------|
| Name: | | _ |
| | e #:1378999 | _ |
| Entity Nar | me: DJONT/JPM HOSPITA | LITY LEASING (SPE), L.L.C. |
| ☐ Arti | icles of Incorporation/Authorization | to Transact Business |
| ☐ Am | endment | |
| ☑ Ch | ange of Agent | |
| ☐ Re | instatement | |
| Co | nversion | |
| □ Ме | rger | |
| Dis | solution/Withdrawal | |
| ☐ Fic | titious Name | |
| Oth | ner | 341 341 |
| Authorizeo Signature | d Amount: / \$25.00 | |

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.

| (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 BON) |
| | No Change | | lo Change |
| | 11/20/2012 | | M12000006467 |
| | Date of filing/registration in Florida | 4. | Document number |
| . (a) | Corporate Creations Network Inc. | | |
| | Registered Agent and Registered Office shown on the record | ls of the Florida De | pt. of State: |
| | 801 US HIGHWAY 1 Registered Office Address (MUST BE FLORIDA STRI | | pt. of State: |
| | 801 US HIGHWAY 1 | | pt. of State: |
| (b) | 801 US HIGHWAY 1 Registered Office Address (MUST BE FLORIDA STRE | EET ADDRESS) | pt. of State: |
| (h) | 801 US HIGHWAY 1 Registered Office Address (MUST BE FLORIDA STRI | FL 33408 | |
| (b) | 801 US HIGHWAY 1 Registered Office Address | FL 33408 | |
| (h) | 801 US HIGHWAY 1 Registered Office Address (MUST BE FLORIDA STRE NORTH PALM BEACH COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered. | FL 33408 | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Frederick D. McKalip

Frederick D. McKalip

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00