7/26/23, 11:41 AM

Division of Corporations

Florida Department of State

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE JUSBRE LLC

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To:

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. No	ame of the limited liability company: JUSBRE LLC					_	
2. (a)	6832 FISHER ISLAND DRIVE		(b)6832 FISI	IER ISLAND DRI	VE		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lin (Note: MAY BE P		-	
	FISHER ISLAND, FL 33109		FISHER IS	SLAND, FL 33109			
	4/23/2013		M13000002	564			
3.	Date of filing/registration in Florida	4.		Document numb	er		
5. (a)	CORPORATION SERVICE COMPANY			_			
	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	of the Flo	orida Dept. of State	e:			
	Registered Office Address (MUST BE FLORIDA STREE)	l' ADDR	ESS ₂	-			
	TALLAHASSEE , F	 Ն3230	1	_			
(b)	C T Corporation System					2023、	
(Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	WENTER WASTE	2023 JUL 26	AFF NO
	NEW Registered Office Address;			-		AM II:	0)
	1200 South Pine Island Road			-		ယ	ν.
	Plantation . F	L_3332	1		. *;	വ	
the cha agent was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited greauthorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the reliability of the limite	the State of Floegistered office company, it is limited liability	e and the business s hereby confirme y company or as c npany.	office o d that the otherwise	f the re e chan e provi	egistered ge(s)
-	ture of a member or authorized representative of a member	_		Printed or typed nan	_		
I herei provisi the obl to mere notified By:	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet igations of my position as registered agent as provide the reflect a change in the registered office ackiress. I I in writing of this change. C.T. Corporation System		act in this cap rmance of my in Chapter 603 confirm that i Kelm, Assistar		gree to co amiliar v locumen ly compa	omply with an t is be ony har	with the ad accept ing filed x been
	re of Registered Apont		. raini. / taaratu				