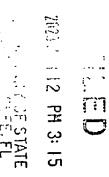
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(1	Requestor's Name)	
	Address)	 -
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PICK-UP	₩AIT	MAIL
(i	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to F	iling Officer:	





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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 807261 7463453

AUTHORIZATION :

COST LIMIT : \$ 25 \00

ORDER DATE : June 9, 2023

ORDER TIME : 1:33 PM

ORDER NO. : 807261-002

CUSTOMER NO: 7463453

CHANGE OF AGENT

NAME: 2901 JMH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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.

(b) 1800 Mendon Rd	
ress of limited liability company: AY BE POST OFFICE BOX)	
364	
t number	
2023	
HIZ PH 3: 15	
hereby confirmed that after the ness office of the registered onfirmed that the change(s) or as otherwise provided in	
son	
typed name of signee ther agree to comply with the I am familiar with and accept if this document is being filed I liability company has been	
3	

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