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(R	equestor's Name)					
(A	ddress)					
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PiCK-UP						
(B	usiness Entity Name)					
(Document Number)						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 426815 8016729 AUTHORIZATION : COST LIMIT : \$ 25. ORDER DATE: January 21, 2022 ORDER TIME : 9:24 AM ORDER NO. : 426815-010 CUSTOMER NO: 8016729 CHANGE OF AGENT NAME: JD INVESTCO, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Acoust/Parising Logs of	
The enclosed Registered Agent/Registered Office Cl	
Please return all correspondence concerning this mat	ter to the following:
Miranda N Cohen	
Name of Person	
JD Investco LLC	
Firm/Company	
7 Mountain Rd	
Address	
Lexington MA 02420	
City/State and Zip Code	<u> </u>
accounting@jdinvestco.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
Miranda N Cohen	773 415-6820
Name of Person at (Area Code & Daytime Telephone Number
Mailing Address:	
Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amoun	ıt:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

١.	Nat	me of the limited liability company:	; 					
·· 2. (_	(t)	Mailing address of limit	ما الما	lin: comp	
`	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ŋ	Mailing address of limit (Note: MAY BE PO			
		2000 S Ocean Blvd Apt 11K		7 Mountai	n Rd			
		Boca Raton FL 33432		Lexington	MA 02420			
					20040			
		12/03/2014	_ _	M1400000				
3.		Date of filing/registration in Florida	4.		Document number	r		
5.	(a)	Registered Agent and Registered Office shown on the records of		- 45				
	` '	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	e:			
		David S Cohen			_		*>3	
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>		: ±	7072 J.C.I	
		2000 S Ocean Blvd, Apt 11K		<u> </u>	_	: 1		
		Boca Raton	L33432		_		17	
							*:	•
	(b)	Enter name of NEW Registered Agent and/or NEW Registere	1 O. O. C		_			•
		Enter name of NEW Registered Agent and/or NEW Registere	d Office a	goress:				
		Corporation Service Company		_ 	_		ŧ.	
		NEW Registered Office Address:						
		1201 Hays Street			_			
		Tallahassee, F	L32301		_ _			
chaggwathe	angeent selection and selectio	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the advance of a member of authorized representative of a member and as accept the appointment as registered agent and as soins of all statutes relative to the proper and complete of a change in the registered office address, and in writing of this change.	iability of the li	company, it is mited liability core avid S Cohe	is hereby confirme ty company or as o mpany. n Printed or typed nar	d that to therw	the chan ise prov	ge(s) ided in
(J	gnaj	hire of Registered Agent						

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