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## LLC REGISTERED AGENT CHANGE RS JZ DESIGN 40, LLC

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K. SALY JUN -7 2017

## 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. N	ame of the limited liability company: RSJZDESIG	N40,LLC		
-1 (14)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	failing address of limited liability company:  (Note: MAYBE POST OFFICE BOX)
	5070PGABLVD.SUITE204		€:5070PGA1	BLVD,SUFTE204
	PALMBEACHGARDENS,FL33418			ACHGARDENS,FL33418
	01/30/2015		M150000008	309
3.	Date of filing/registration in Florida	4,		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records JONATHANBERSTEINCONSULTINGCORP.	of the Florid	da Dept. of State	:
	Registered Office Address MUST BE FLORIDA STREE	TADDRES	SS)	
	5070PGABLVD,SUITE308		_	
	PALM BEACH GARDENS, 1	FL_33418		7A S
				2017 JUNI SECRET TALLAHA
(b)	Enter name of NEW Registered Agent and/or NEW Register	and Office o	ddan.	E =
	Enter name of NEW Repstered Agent and/or NEW Register	PG OTINE B	auress.	ASSI -6
	CTCorporationSystem			一
	NEW Registered Office Address:			P. FLOS
	1200SouthPincIslandRoad		ł.	FILED TUN-6 AM 8: 39 LAHASSEE, FLORIDA
•	Plantation	33324		<b>*</b>
	Plantation	FL	<del></del>	
the cha agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the flow.	of the reg Hiability of s of the linhed the limited	sistered office company, it is mited liability Liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Member
Signi	thre of a member or authorized representative of a member			Printed or typed name of signee
I here provis the ob to mer notifie	thy accept the appointment as registered agent and cions of all statutes relative to the proper and comple ligations of my position as registered agent as provi rely reflect a change in the registered office address, ad in writing of this change.	igree to ac de perfori ded for in I hereby (	ct in this cape nance of my c Chaptèr 605 confirm that t	wity. I further agree to comply with the hities, and I am familiar with and accep , F.S. Or, if this document is being filed he limited liability company has been
		ŀ		
Signati	James M. Halpin  ine of Registered Agent  Assistant Secretary			
	Division of Corporations • P.O	). Box 632	7 Tallahas	see, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)