Fax: 8134365206

Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:

LLC REGISTERED AGENT CHANGE TH TAMPA 7050 ULMERTON LLC

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K. Brumbley

Fax: 8134365206

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.

i. Na	me of the limited liability company:	JLMERTON LLC	<u></u>
2. (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 BOX)
	09/28/2017	M17000	0008317
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	COGENCY GLOBAL INC.		
(b)	Registered Agent and Registered Office shown on the records of the		
	115 N CALHOUN ST. SUITE 4		
	Registered Office Address [MUST BE FLORIDA STREET A	DDRESS]	
	TALLAHASSEE EI	32301	
	, FL_		202
	Registered Agents Inc		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	APPRO PILL PART AND TO
	7901 4th St N		TED PAINTED ROVEL
	NEW Registered Office Address:		
	STE 300		. 57
	St. Petersburg	33702	
he cha igent v was/we he arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law and affirmative.	the registered o bility company f the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signa	ture of a member or guthorized representative of a member		Printed or typed name of signee
provisi he obl o mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in this performance of I for in Chapter tereby confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed that the limited liability company has been
I	avid Courts David Roberts - Assistant Se	ecretary	
Signatu	re of Registered Agent		

1/9/2025 14:11:57 PST - -