M17000000270

(Requestor	's Name)			
(Address)				
(Address)				
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
JDENNIS 12.	19.24			

Office Use Only



000440795560

SECRETARY OF STATE

SECRETARY OF STATE

OUT OF THE STATE

OUT OUT OF THE STATE

OUT OUT OF THE STATE

FILED

2024 DEC 10 PH 3: 2

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	ame of the limited liability company: JOE & THE JU	ICE NEV	V YORK LL	C	
2. (a)	Joe and the Juice	(b) Joe and	the Juice	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	110 Greene Street Suite 702		110 Gree	ene Street Suite 702	
	NEW YORK, NY 10012	_	NEW YORK, NY 10012		
	10/31/2017		M1700000	9270	
3.	Date of filing/registration in Florida	4.	-	Document number	
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Sta	te:	
	CAPITOL CORPORATE SERVICES, INC.				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	515 EAST PARK AVENUE 2ND FL	20 ;			
	TALLAHASSEE , FI	32301		2024 DEC SECRETA	
		·-		TARY OF ST	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			- 0.00 F (II)	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:	PH PH FST	
	Corporation Service Company			1: 52	
	NEW Registered Office Address:				
	1201 Hays Street			_	
	Tallahassee	32301			
change agent v was/w	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	register ability c of the lit	red office ar ompany, it i nited liabili	Id the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in	
the art	/s/ Andreas Peter Dipo-Zimmermann			Dipo-Zimmermann, Authorized Person	
Signa	ture of a member or authorized representative of a member	-		Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address. I d in writing of this change.	perforn ed for in hereby c	iance of my Chapter 60: confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
<u>X</u>	Irace C-Kuble GRACE E. KIRB	Y, ASST	'. VICE PRI	ESIDENT	
Signatu	re of Registered Agent \				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 804543