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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195						
REFERENCE	: 336581 <sup>9</sup> /8398617						
AUTHORIZATION	guelle de ma						
COST LIMIT	: \$ 25.00						
ORDER DATE : January 9, 2023							
ORDER TIME : 9:11 AM							
ORDER NO. : 336581-078							
CUSTOMER NO: 8398617							
CHANGE OF AGENT							
NAME: S2 JAX 1 LLC							
PLEASE RETURN THE FOLLOWING AS I	PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland	Ē						

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.

Registered Agent and Registered Office shown on the records of the Florida Dept, of State:  C T CORPORATION SYSTEM  Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  1200 S PINE ISLAND RD #250  PLANTATION  FL 33324  (b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street  Tallahassee  FL 32301  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the artifles of organization or the operating agreement of the limited liability company or as otherwise provided in the artifles of organization or the operating agreement of the limited liability company.  Jill Climi, Authorized Person  Signature of a dil statutes relative to the proper and complete performance of my duties, and jamiliar with and accept the obligations of my position as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. And in amiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mercly reflect of change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.	1. N	ame of the limited liability company: S2 JAX 1 LLC	·	<u>-</u>	
Principal office address of limited liability company: (Note: MIST BE STREET ADDRESS)  S2 CAPITAL 5950 Berkshire Lane, Suite 1300  DALLAS, TX 75225, TX 75225  DALLAS, TX 75225  DAL	2 (2)		(1	n)	
DALLAS, TX 75225, TX 75225  M1800003355  3. Date of filing/registration in Florida 4. Document number  5. (a)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  C T CORPORATION SYSTEM  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1200 S PINE ISLAND RD #250  PLANTATION  FL 33324  (b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  1201 Hays Street  Tallahassee  Tallahassee  FI, 32301  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) waskwere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signapure of a member or authorized representative of a member  Printed or typed name of signe.  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all standars relative to the proper and complete performance of my duties, and I om familiar with and accept the obligations of my position as registered agent and complete performance of my duties, and I om familiar with and accept the obligations of my position as registered agent and complete performance of my duties, and I om familiar with and accept the obligations of my position as registered agent and complete performance of my duties, and I om familiar with and accept the obligations of my position as registered agent and complete performance of my duties, and I om familiar with and accept the obligation	±. (α)	Principal office address of limited liability company:	('	))N	• • •
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	Signatu				

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