M1800000 48 70

(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:							

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: January 20, 2020

Order#: 145066-013

Re: JING PARTNERS LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company: JING PARTNER	SLLC		_				
2	(a)	1 COLLINS AVENUE SUITE 704	(b)	1 COLL	INS AVENUE SU	ITE 704			
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ("/		failing address of limi (Note: MAY BE PC				
		MIAMI BEACH, FL 33139	_	MIAMI BEACH, FL 33139					
		05/21/2018		M1800000)4876				
3.		Date of filing/registration in Florida	4.		Document numbe	r ن	2		
5	(0)	C T CORPORATION SYSTEM					020		
5.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	:		1020 JAN	fia manage	
		1200 SOUTH PINE ISLAND ROAD				<u>~</u> `. ` .	22	,	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	DRESS)					
		PLANTATION	33 <u>324</u>			STATE PL	7: 33	*tast*	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Company 1201 Hays Street NEW Registered Office Address:	Office add	ress:					
		Tallahassee , FL	32301						
th ag w	e cha gent v as/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	s of the the regis bility co f the limi limited li	tered office inpany, it is ted liability ability com	and the business hereby confirme company or as o pany.	office of d that the	f the re e chang	gistered gc(s)	
Signature of a member or authorized representative of a member				John M. Goense, Manager Printed or typed name of signee					
pr th to no	here ovisi e obi mer otifie	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this ahange	performa I for in C vereby co	nce of my a hapter 605 nfirm that i	acity I further as	gree to co uniliar w locumen ly compa	omply v eith and t is bei ny has	vith the d accept ng filed heen	