7/11/2019

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845

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

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LLC REGISTERED AGENT CHANGE JBL LAKE WALDEN, LLC

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JUL 12 2019

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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: JBI, Lake Walder	1, I.I.C		
	2028 Harrison Street Suite-202, Hollywood, Ft. 33020	מוז פיתי	rrison Street Suite-202,Ho	Hywood,FL 33020
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
	06/22/2018			
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C'1 Corporation System		_	
, ,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	tate:	
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		
	1200 South Pinc Island Road			28
	Plantation	33324	<u></u>	
(b)	JBL Asset Management, LLC			2019 JUL 11 PM 12: 12 SHORETARY OF STAND
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:		현요
	2028 Harrison Street Stiffe-202,			PH 12: 1
	NEW Registered Office Address			± 2 - √3
				
	Hellywood F	L_33020		
the cha agent was w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company, of the limited liab e limited liability of	it is hereby confirmed the lifty company or as other company.	hat the change(s)
	ntine of a member or authorized representative of a member		Printed or typed name o	-
provis the ob to mei	thy accept the appointment as registered agent and as sions of all standes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in this c e performance of i led for in Chapter I hereby confirm if	apacity. I further agreemy duties, and I am jami 505, F.S. Or, if this doc an the limited liability c	e to comply with the iliar with and accept ument is being filed ompany has been
Signat	ure of Regist (red Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, Ft. 32314 F1LING FEE: \$25.00