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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number

: (307)200-2803 : (855)330-1010

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

Email Address:	
Lilia I C Addi C33:	

## LLC REGISTERED AGENT CHANGE NJ HOLDING GROUP LLC

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JUN 22 2022 T. LEMIEUX

## 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	nme of the limited liability company: NJ Hole	ding Gro	up LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing addre	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	07/19/2021		M2100000916	
3.	Date of filing/registration in Florida	4.	Document	number
5. (a)	Registered Agent and Registered Office shown on the record  1201 HAYS STREET  Registered Office Address (MUST BE FLORIDA STRE		pt. of State:	
(b)	TALLAHASSEE  Registered Agents Inc.	. FL <u>32301-</u> 2	2525	D 33 138
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> 7901 4th St N	ered Office addre	<u>ss</u> :	77 JULY 22
	NEW Registered Office Address:		<del> </del>	(1),13 r-as
	STE 300			
	St. Petersburg	. FL_33702	**	6: 12 ITATE ATIONS ORIDA
the cha agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the registe ad liability com- ers of the limite I the limited liab	red office and the bi pany, it is hereby co d liability company	usiness office of the registered on firmed that the change(s)
	ature of a member or authorized representative of a member		RIIey Park	
I here provis the ob- to mer	ature of a member or authorized representative of a member or by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	l agree to act in lete performan wided for in Ch	this capacity. I funce of my duties, and apter 605, F.S. Or,	if this document is being filed

- Assistant Secretary

Bill Havre

Signature of Registered Agent