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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:\_\_

## LLC REGISTERED AGENT CHANGE SJAG, LLC

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JUN 1 6 2022 K. Erumbley

## COVER LETTER

TO: Registration Section		•
Division of Corporations		
SUBJECT: SJAG, LLC		
Na	me of Limited Li	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the	following:
Joshua Murphy		
Name of Person		<del>_</del>
Registered Agent Solutions, Inc.		
Firm/Company	<del> </del>	<del>_</del>
Corporate Center One, 5301 Southwe	est Pkwy, Ste 4	400
Address	·	<del></del>
Austin, TX 78735		
City/State and Zip Code		_
, .		
E-mail address: (to be used for future ar	nnual report notif	ication)
For further information concerning this matte	er, please call:	
Joshua Murphy	888	705-7274
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Div P.C	gistration Section vision of Corporations  D. Box 6327  Ilahassee, Florida 32314
Enclosed is a check for the following	ng amount:	
□ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy
INHS18 (2/14)		

## 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

Principal o ( <u>Not</u>	31 WEST 54TH STREET  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  NEW YORK, NY 10019		_ (1		Mailing address of (Note: MAYE YORK,	of limited liab BE POST OF	bility comp F <i>FICE BO</i>	oany: OO
12/3/2021			<del>-</del>	M2100	00016280		. <u>.</u>	
	f filing/registration in Fl		4.		Document nu	umber		
, BLUMBERG	EXCELSIOR CORP	PORATE SEF			_			
155 OFF	nd Registered Office shown	DRIVE,	1ST	FL.	te:			
Registered Agent a	FICE PLAZA Address (MUST BE FLO	DRIVE, ' PRIDA STREET A	1ST	FL.		<u>∵</u> .	202	
Registered Agent a  155 OFF Registered Office  TALLAH	FICE PLAZA Address (MUST BE FLO	DRIVE, ' PRIDA STREET A	1ST DDRES	FL.		<u>당</u> . 당소	2022 JUI	
Registered Agent a  155 OFF Registered Office  TALLAH  Registere	FICE PLAZA Address (MUST BE FLO	DRIVE, ' RIDA STREET A , FL.  ons, Inc.	1ST	FL.			2022 JUN 15	1
Registered Agent a  155 OFF Registered Office  TALLAH  Registere  Enter name of NE	FICE PLAZA  Address MUST BE FLO  IASSEE  d Agent Solution	DRIVE, ' RIDA STREET A , FL.  ons, Inc.	1ST	FL.			2022 JUN 15 AM	FILED
Registered Agent a  155 OFF Registered Office  TALLAH  Registere  Enter name of NE  155 Offic  NEW Registered	Address (MUST BE FLO)  IASSEE  d Agent Solution W Registered Agent and/or it	DRIVE, ' RIDA STREET A , FL.  ons, Inc.	1ST	FL.				FILED
Registered Agent a  155 OFF Registered Office  TALLAH  Registere  Enter name of NE  155 Office	Address (MUST BE FLO)  IASSEE  d Agent Solution W Registered Agent and/or it	DRIVE, ' RIDA STREET A , FL.  ons, Inc.	1ST	FL.			2022 JUN 15 AM 10: 33	FILED

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 articles of organization or the operating agreement of the limited liability company.

/s/ Gary Kleiman

Gary Kleiman

Authorized Person

Signature of a member or authorized representative of a member

Mackenzie Hart, Asst. Secretary

Printed or typed name of signee

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 statutes relative to the proper and complete performance of my duties, and I am familiar 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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