M22000000242

(Requestor's Name)								
(Address)								
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PICK-UP WAIT MAIL								
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/07/2025							
Name:	Cheyanne Davis	_						
Reference #	2593530	_						
Entity Name	GRAND OAK F	RIVERSIDE JWL, LLC						
	es of Incorporation/Authorization	to Transact Business						
Amen	dment							
✓ Change of Agent								
Reinstatement								
☐ Conve	☐ Conversion · ·							
☐ Merge	er							
☐ Dissolution/Withdrawal								
Fictitious Name								
Other		<u> </u>						
Authorized A	mount: \$25.00							
Signature: _	Urym Paire							

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: GRAND	<u>OAK</u>	RIVE	RSIDE JW	/L, LL	<u>C</u>	
2. (a)		_ (b)				
(1)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	` .	-	Mailing address of (Note: MAYBE			
		No Change	_	No Cha	nge			
		December 28, 2021	. <u>-</u>		A22000000242			
3.		Date of filing/registration in Florida	4.		Document num	iber		
5. (a)	BATSEL, ELISE						
		Registered Agent and Registered Office shown on the records of the	he Florida	Dept, of Stat	te:			
		401 EAST JACKSON STREET						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	!	_			
		SUITE 2100		_	A	20		
		TAMPA ,FL	33602		_	LE AF	2025 JAN	77
(1	5)	COGENCY GLOBAL INC.			~,	HASSEE, FI	N -7	
	,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	-	tu°. tu∵.		'n
		115 North Calhoun St., Suite 4				FLORIDA	PH L:	D
		NEW Registered Office Address:				AON AON	25	
		Tallahassas	32301		-			
		Tallahassee , FL	32301		-			
the cagen was/	hai t w	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia a authorized by an affirmative vote of the members of the set of organization or the operating agreement of the l	the regis bility co: Tthe limi	tered offic mpany, it i ited liabilit	e and the busine is hereby confirm by company or as npany.	ss office oned that the otherwise	of the rene change te provid	gistered ge(s)
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Mill		
_		are of a member or authorized representative of a member			Printed or typed n			
prov the o to m	isie bli ere	y accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete t gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ee to act performa for in C ereby co	in this cap ince of my hapter 60: nfirm that	acity. I further duties, and I am 5, F.S. Or, if thi the limited liabi	agree to c familiar s docume lity compo	comply with an mit is bei any has	vith the d accept ng filed been
/s/	Tir	nothy Mayville						
Sign	itur	e of Registered Agent Timothy Mayville, Assistant S	Secreta	ry				

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