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Name:	JAZR Art I	LLC	
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Thank you!

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 office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2 West Street Ste 236A Brooklyn, NY 11222	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) 2 West Street Ste 236A trooklyn, NY 11222		**
$\frac{B}{B}$ 3. $\frac{02}{R}$	trooklyn NY 11222		(Note: MAY BE POST OFFICE BOX)
$\frac{02}{3}$ 5. (a) $\frac{JH}{Re}$	Brooklyn, NY 11222	PO BOX	X 46
3. 5. (a) III	110000111111111111111111111111111111111	OSPRE	EY, FL 34229-0046
5. (a) <u> </u>	2/01/2023	M230000	001387
5. (a) <u> </u>	Date of filing/registration in Florida	4.	Document number
Re	NG W HERMAN		
Ro	egistered Agent and Registered Office shown on the records of t	he Florida Dept. of S	
	egistered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	 2023 MAY 10
80	3064 VIA FIORE		- Y
Si	ARASOTA, FL	34238	
C	T Corporation System		_ <u>₹</u> J
(b) <u> </u>	nter name of NEW Registered Agent and/or NEW Registered	Office address:	
<u>N</u>	EW Registered Office Address:		
1:	200 South Pine Island Road		<u> </u>
P!	lantation, FL	33324	
the chang agent will was/were	ited liability company is not organized under the law ge or changes are made, the Florida street address of I be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of es of organization or the operating agreement of the	vs of the State of the registered of ability company, if the limited liab	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in
A.	hall Cas		Jing Wang Herman
Signature	e of a member or authorized representative of a member		Printed or typed name of signee
provisión, the obliga to merely notified it	accept the appointment as registered agent and agr is of all statutes relative to the proper and complete ations of my position as registered agent as provided reflect a change in the registered office address, I I n writing of this change. C T Corporation System Crystle Stevenson, Asst Secretary	performance of the defense of the de	

Signature of Registered Agent