M23000005598

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	12000000195						
REFERENCE	:							
AUTHORIZATION	:							
COST LIMIT	:	\$ 25.00						
ORDER DATE : 05/29/2025								
ORDER TIME :		 1						
ORDER NO. :		Springe 1000						
CUSTOMER NO:								
CHANGE OF AGENT								
NAME:								
PLEASE RETURN THE FOLLOWING A	S PR	OOF OF FILING:						
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CONTACT PERSON:	V N M T 1	NER'S INITIALS:						
E.	UMIT.	ARV P INTITUD.						

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. N	ame of the limited liability company: JG INVESTME	NT 4, LL	С			
2. (a)			b)			
-/ ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2753 NW 87th Ave		2753 NV	V 87th Ave		
	Doral, FL 33172		Doral, F	L 33172		
	05/01/2023		M230000	005598		
3.	Date of filing/registration in Florida	- 4.		Document number		
5. (a)						
.). (a _i	Registered Agent and Registered Office shown on the records of LANDAU, JUSTIN	the Florid	a Dept. of St	ale:		
	Registered Office Address (MUST BE FLORIDA STREET	_ 2				
2753 NW 87th Ave						
	Doral FI	33172		(- L (= D) 2025 HAY 30 PM 12: 08 ALLAHASSÉE, FLORIDA		
(b)						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ac	ldress;	(18) (18) (18) (18) (18) (18) (18) (18)		
	Corporation Service Company NEW Registered Office Address:					
1201 Hays Street						
	Tallahassee Fi	32301		_		
chang agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	register ability co of the lin limited	ed office a ompany, it nited liabil liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.		
	iuliana Cossu	Giu ——	ıliana Coss			
I here provis the ob to mer	ature of a member or authorized representative of a member thy accept the appointment as registered agent and ag- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I ad in writing of this change.	ree to ac perform ed for in (hereby c	t in this cap ance of my Chapter 66 onfirm that	Printed or typed name of signee pacity. I further agree to comply with the eduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been		
7	Inaco Cokuble					
Signati	ure of Registered Agent Grace & Kirby, Asst. Vice Presi	dent				

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