## P170000/8403

(R	equestor's Ñame)	<del></del>		
(A	ddress)			
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2023 FEB -7 AHII: 49

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A RAMSEY
FEB - 8 7/7/3

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 432513 8403117	<i>)</i>				
AUTHORIZATION:					
COST LIMIT : \$ 35.00					
ORDER DATE : February 3, 2023					
ORDER TIME : 9:50 AM					
ORDER NO. : 432513-013					
CUSTOMER NO: 8403117					
CHANGE OF AGENT					
NAME: JBV ADVISORS, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY X PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, mge is submitted for a corporatio			s, this
•	r to change its registered office o	· ·	·	
1. The name of	the corporation: JBV ADVISORS	, INC.		
2. The principal	office address: 80 SW 8TH STR	EET SUITE 2000 MIAM	l, FL 33130	
	ddress (if different):			
4. Date of incorp	poration/qualification: 02/24/20	17 Document	number: P1700001840	3
	f street address of the current reg tment of State: (If resigned, ente		ed office on file with the	
	InCorp Services, Inc.		<del></del>	
	17888 67th Court North		<i>:</i>	1023 5
	Loxahatchee, FL 33470			EB.
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) an	d /or registered office	1023 FEB - 7 F.
	Corporation Service Company	·		•
	1201 Hays Street			
	Tallahassee	P.O. Box NOT acceptable	32301	
The street addre	ess of its registered office and the			tered agent.
<del>-</del>	as authorized by resolution duly ne board, or the corporation has			
Signatu	e of an officer or director		CE PRESIDENT	<del></del>
of my duties, an document is beil corporation has	) the appointment as registered a to comply with the provisions of d I am familiar with and accept to filed merely to reflect a chan been notified in writing of this Topyloge Company	all statutes relative to the the obligation of my postered officers in the registered officers.	this capacity he proper and complete p sition as registered agent te address. I hereby conf	performance Or, if this irm that the
By: Drag		02/06/2023	D	
	nature of Registered Agent		Date	
	half of an entity:			
	Y, ASST, VICE PRESIDENT pped or Printed Name	_		

\* \* \* FILING FEE: \$35.00 \* \* \*