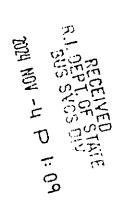
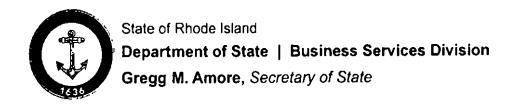
STATE OF RHODE ISLAND

STATEMENT OF RESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE



Pursuant to the provisions of Section 7-16-11 of the Rhode Island Limited Liability Company Act, the undersigned resident agent, in order to resign as resident agent, hereby certifies:

				001703879	
1.	The name of the limited liability company:		Charter Number		
	JSC NEW ENGLAND LEASEHOLD LLC				
2.	The name of the resi	gning agent: Cap	itol Corporate Servi	ces, Inc.	
3.	The address of the resigning registered office:				
	222 Jefferson Blvd Ste 200				
	Address		•		
	Warwick	RI	02888	_	
	City	State	Zip code		
	Notice of this Statement of Resignation has been sent to the above referenced limited liability company. This resignation of registered agent and registered office shall become effective thirty (30 days after the date on which this Statement of Resignation is filed with the office of the Rhode Island Secretary of State.				
Re			ned registered agent s officer this <u>29</u>	has caused this Statement of day of OCTOBER	
Ca	apitol Corporate Sei	vices, Inc.	3in-	Includes"	
Reg	gistered Agent		Signature		
Br	rian Radecki		Assistant S	Secretary	
Nai	me		Title	Title	



November 8, 2024

JSC NEW ENGLAND LEASEHOLD LLC 1615 THUMB POINT DRIVE FORT PIERCE, FL 34949

RE: Entity ID# 001703879

JSC NEW ENGLAND LEASEHOLD LLC

Dear Sir or Madam:

This is to notify you that this office received on NOVEMBER 4, 2024 the resignation of CAPITOL CORPORATE SERVICES, INC. as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". To ensure that your authority to conduct business will remain intact, please file a Statement of Change of Resident Agent form with this office within the next 30 days.

To file a Change of Resident Agent form online visit www.sos.ri.gov/divisions/business-services.
Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at corp pin@sos.ri.gov

If you prefer to use cash or check, visit www.sos.ri.gov/divisions/business-services to download Form 642. You can mail the form to us with your payment or visit our office to file in person.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese

Deputy Director of Business Services