Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	another cover sheet.	TS =
To:	••	AUG
	Division of Corporations	>
	Fax Number : (850) 617-6383	SS -
From:		mo !
- 204111	Account Name : EDWARDS COHEN	· 一
	Account Number : I20080000011	- · · · ·
	Phone : (904) 633-7979	<u>o</u> ; œ
	Fax Number : (904)633-9026	25

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Electronic Filing Menu

Corporate Filing Menu

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8/3/2011

ARTICLES O	FILED TO 11 AUG -4 AM 8: 26 FORGANIZATION SECRETARY OF STATE TALLAHASSEE, FLORIDA Avenue, L.L.C. INDANY AS IT NOW ADDICATE ON OUR records.) Ited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L08000099657	pany were filed on 10/11/2006 and assigned	
	liability company here: 'Limited Liability Company," the designation "LLC" or the abbreviation	
"L.L.C." Enter new principal offices address, if applicable:	200 West Forsyth Street, Suite 1300	
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)	200 West Forsyth Street, Suite 1300 Jacksonville, FL 32202	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	od office address on our records, enter the name of the new	
Name of New Registered Agent: David J.	David J. Edwards	
New Registered Office Address: 200 We	st Forsyth Street, Suite 1300 Enter Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, bereby confirm that the limited liability company has been notified in writing of this change.

Jacksonville

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member . Type of Action Title <u>Name</u> <u>Address</u> MGRM David J. Edwards 200 West Forsyth Street, Suite 1300 ☐ Add Jacksonville, Ft. 32202 Remove DDA 🛄 🗔 Remove ☐ Add .□ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated. Signature of a member or authorized representative of a member David J. Edwards

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00