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COVER LETTER

COVER L	ETTER
TO: Registration Section Division of Corporations	iability Company
Sidjost, LLC SUBJECT:	
Name of Limited L	iability Company
Dear Sir or Madam:	7,5
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Jeffrey C. Regan	
Name of Person	
Regan Atwood, P.A.	
Firm/Company	
9905 Old St. Augustine Road, Suite 400	
Address	_
Jacksonville, Florida 32257	
City/State and Zip Code	<u>—</u>
jregan@reganatwood.com	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
Jeffrey C. Regan 904	356-0035
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Filing Fee	5 Filing Fee & Certified Copy
INHS18 (2/14)	

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. No	ame of the limited liability company: Sidjost, LLC		
2. (a)		(b	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)
	2252 Miller Oaks Drive South		2252 Miller Oaks Drive South
	Jacksonville, Fl. 32217		Jacksonville, FL 32217
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	October 2, 2008		
	Registered Agent and Registered Office shown on the record	ls of the Florida	•
	Josephine A. Ossi		
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS</u>	<u>8</u>
	2252 Miller Oaks Drive South		
	Jacksonville	, FL	
		, rl <u> </u>	20 HAY -8 PH 12: 45
, (b)			2.1
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office add	Idress:
	Jeffrey C. Regan. Regan Atwood, P.A.		
	NEW Registered Office Address:		
	9905 Old St. Augustine Road, Suite 400		
	Jacksonville	, FL_ ³²²⁵⁷	
change agent was/we the arti	or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited at authorized by an affirmative vote of the membe cles of organization or the operating agreement of a chimic about	the registered d liability cor ers of the limi the limited li	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	ufe of a member or authorized representative of a member		Printed or typed name of signee
provision the obli- to mere	by accept the appointment as registered agent and sons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address I in writing of this change.	agree to act i ete performa ided for in C i, I hereby co.	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

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

Signature of Registered Agent