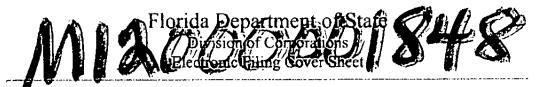
7/2/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000207378 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_		
т	$\sim$	•
	u	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:	 	 	

## LLC REGISTERED AGENT CHANGE PF JAX FOUR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

JUL 0 6 2020

Calmachis

Electronic Filing Menu Corporate Filing Menu

Help

1/1

## 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.

(a)	27 Northwestern Drive Suite 2		(b)	27 Northy	western Drive Suite 2
\- <u>/</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<b>Y</b> ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Salem NH 03079			Salem NH	n3079
	04/02/2012			——————————————————————————————————————	1848
	Date of filing/registration in Florida	4.	•		Document number
(3)	COLBY T. GAMESTER, ESQ.				
()	Registered Agent and Registered Office shown on the records of 144 WASHINGTON ST  Registered Office Address (AIUST BE FLORIDA STREET)				
				-	<u> </u>
	PORTSMOUTH , FL	03801			2620 JUE -2
	C 1 Corporation System				<i>N</i>
(Ն)					<u> </u>
	Finter name of NEW Registered Agent and/or NEW Registers:	1 Office	adg	TEST.	<u>မှ</u>
					05
	NEW Registered Office Address:				_
	1200 South Pine Island Road				
	Washing	22224			-
	Plantation , FI	33324			
cha ent v e/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the re iability of the l : limite	gis co im d l	itered offic inpany, it i ited liabili	e and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in
igca	ture of a member or authorized representative of a member	_		<del> </del>	Printed or typed name of signee
wisi obl nere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I I in writing of this change	e nertor	m	ince of my	duties, and I am familiar with and acce

FILING FEE: \$25.00

INHS 18 (2/14) \$1.05% of \$7.00% Walters laborer Online