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(Re	equestor's Name)			
(Ad	ldress)			
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(Ci	ty/State/Zip/Phone	→ #)		
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SECRETARY OF STATE
TALLAHASSEF, FI GRID.

J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 7, 2016

Order#: 198706/045

Re: JCT II, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

 \underline{XX} Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1		CT II, L.P.					
Nar	me of Limited Partnership	or Limited Liab	ility Lin	nited Partners	ship		
	7/02/2010	3	•	A1000	0000365		
Date of filing	registration in Florida		H	Florida docum	nent number		
4. The name of the reg Department of State:	gistered agent and the regi	stered office add	lress as s	shown on the	records of the F	lorida	
	National Corpor	rate Researd	h. Ltd	Inc.			
•		Name					
	115 North (Calhoun St.,	Suite	4			
•		Address		·			
	Tallahass	ee	FL	32301			
•	City	, State and Zip					
5. The name and Flori	da street address of the ne	w registered age	nt and/o	r office:			
	Corporation	Service Co	mpany	y .			
•		Name					
	1201	Hays Street	<u>.</u>				
`	Florida street addre			able)			
	Tallahass	ee	FL	32301			
	City	, State and Zip		<u>_</u>			
6. Such change(s) is/ar		the Florida Depa sborne, Preside eservation, Inc.	nt on be	half of			
Signature of General Pa	artner By: Master Sp	e, LLC, Its G	eneral I	Partner			
comply with the provisi and I am familiar with Corporatio By:	nointment as registered agrions of all statutes relative an accept the obligations on Service Company Lyble Agent istant Vice President	to the proper a	nd comp	lete performa	I further agree to the same of my dutter that th	16 JULII AN	A STATE OF THE STA
Filing Fee:	\$35.00				95 95	g 😅	A. Marine
Certified Copy (op	otional): \$52.50				25 20 15	4.5	

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1	JCT II, I	P.		
Name of Limited Part	nership or Limited	Liability Lin	ited Partnershi	p
2. 07/02/2010		3.	A100000	00365
Date of filing/registration in Flo	rida	1	lorida docume	nt number
4. The name of the registered agent and Department of State:	the registered offi	ce address as s	hown on the re	cords of the Florida
National C	Corporate Res	earch, Ltd	., Inc.	
	Name		 	
115 N	lorth Calhoun	St., Suite	4	
	Address			
Talla	ahassee	FL	32301	
	City, State and	Zip		
5. The name and Florida street address of	f the new registere	ed agent and/o	r office:	
Corpo	ration Service	Company	,	
	Name	<u></u>	·····	
	1201 Hays S	treet		
Florida stre	et address (P.O. B	ox not accepts	ble)	
Talla	ahassee	FL	32301	
 	City, State and			
	hew Osborne, Pr	esident on bel	half of	
	sing Preservation			
Signature of General Partner By: Mas	ster Spe, LLC, I	ts General F	artner	
I hereby accept the appointment as registe	red agent and agr	ee to act in th	is capacity. I fi	urther agree to
comply with the provisions of all statutes r and I am familiar with an accept the oblig	etative to the proj ations of my posit	er and compl ion as register	ete performanci ed agent.	e of my duties,
and I am familiar with an accept the oblig Corporation Service Compa	ny			
Signature of Registered Agent				
Grace E. Kirby, Assistant Vice Presi	dent			2 2

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50

6 JUL III AH 10: 53