## A12000000264

(Po	questor's Name)	
(rte	questoi s Marile)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ru	siness Entity Nar	ne)
(00	Silicss Ellity Hai	ne,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
-,	<b>y</b>	

Office Use Only



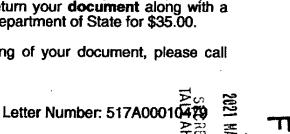
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

D. BRUCE MAY 31 2017





May 24, 2017

STEPHEN BRIGGS JAX I GP, INC. 12 AMES CRESCENT AURORA, ONTARIO, CAN L4G 0C3,

SUBJECT: JAX I, LLLP

Ref. Number: A12000000264

We have received your document for JAX I, LLLP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

## **COVER LETTER**

TO: Registration Section Division of Corporations		
•	JAX 1, LLLP mership or Limited Liability Li	mited Partnership
DOCUMENT NUMBER:	A12000000	264
The enclosed Statement of Change of fee(s) are submitted for filing.	Registered Office and/or	Registered Agent and
Please return all correspondence conce	arning this matter to:	
STEPHEN BRIGG	3S	PILED 2021 HAY 31 P 4: 27) SECRETARY OF STATE TALLAHASSEE, FLORIDA
Contact Person		APE S T
JAX I GP, INC.		ES E
Firm/Company		一
12 AMES CRESCE	ENT	TARY OF STATE
Address	<u> </u>	
AURORA, ONTARIO, CANA	DA. L4G 0C3	Carlo F.
City, State and Zip Cod	<del></del>	
sbriggs@quantum-i		7
E-mail address: (to be used for future and		<del></del>
For further information concerning this	•	
STEPHEN BRIGGS	at ( 905 )	841-3373
Name of Contact Person		ytime Telephone Number
Enclosed is a \$35.00 check made payal	ble to the Florida Departn	ment of State.
STREET ADDRESS:		ADDRESS:
Registration Section		
Division of Corporations		Corporations
Clifton Building	P. O. Box 6	
2661 Executive Center Circle	Tallahassee,	, FL 32314
Tallahassee, FL 32301		

## 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	JAX I,	LLLP			
Nar	ne of Limited Partnership or Lin	nited Liability L	imited Partnersh	ip	
2. 0	5/08/2012	3. A1200000264			
Date of filing	Date of filing/registration in Florida Florida document number		ent number		
4. The name of the reg Department of State:	gistered agent and the registered	office address a	s shown on the r	ecords of the Florida	
	R&A Age	nts, Inc.			,
•	Nam	10			•
	420 S. Orange Av	venue, 7th F	loor		
•	Addr	සs			
	Orlando, F	L 32801		`. •••	•
•	City. State	and Zip		AL SE	
5. The name and Florid	du street address of the new regis	stered agent and	or office:	SECRETALLAHA	<u> </u>
_	RENTAL PA	RTNERS		SS SS	F
	Nam	ıc	·	EE 0	ш -
	2099 PARK	STREET		F. S	0
•	Florida street address (P.C	). Box not acce	ptable)	P 4: 2.	
	JACKSONVILLE	FI.	32204	2" J	•
-	City. State	and Zip		~	
Signature of General Pr	inther as egistered agent and ons of all statutes relative to the	l agree to act h	this capacity. I		
and I am familiar with	an accept the obligations of my p	osition as regis	iered agent.	•	
1 For					
Signature of Registered	Agent				
Filing Fee:	\$35.00			·	

Certified Copy (optional): \$52.50