

A13000000099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

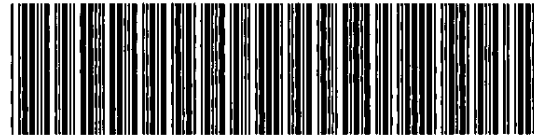
(Business Entity Name)

(Document Number)

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2021 MAY 31 P 4: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 31 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAX II, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A13000000099

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

STEPHEN BRIGGS

Contact Person

JAX I GP, INC.

Firm/Company

12 AMES CRESCENT

Address

AURORA, ONTARIO, CANADA, L4G 0C3

City, State and Zip Code

sbriggs@quantum-mgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN BRIGGS

Name of Contact Person

at ( 905 )

841-3373

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS.**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS.**

Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

2017 MAY 22 PM 1:07

INHS04(01/06)

2021 MAY 31 P 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2017

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

SUBJECT: JAX II, LLLP  
Ref. Number: A13000000099

We have received your document for JAX II, 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

Letter Number: 617A00010479

2021 MAY 31 P 4: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 II, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/25/2013 3. A13000000099  
Date of filing/registration in Florida Florida document number

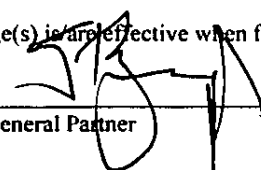
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

R&A Agents, Inc.  
Name  
420 S. Orange Avenue, 7th Floor  
Address  
Orlando, FL 32801  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

RENTAL PARTNERS  
Name  
2099 PARK STREET  
Florida street address (P.O. Box not acceptable)  
JACKSONVILLE FL 32204  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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.*

  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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2021 MAY 31 P 4: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA