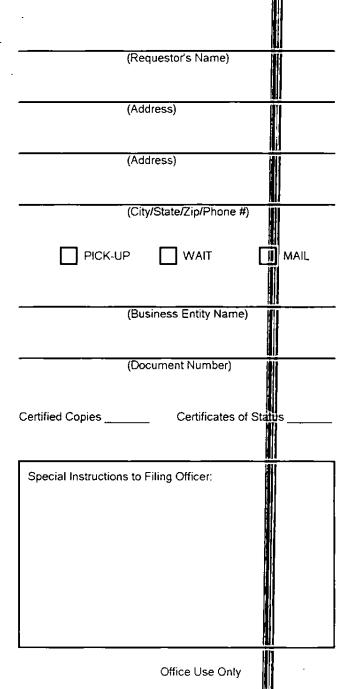
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: JOHNSON FAMILY INVESTMENT LIMITED PARTNERSH Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: A14000000610 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: Char Jackson Contact Person Wolz Corporate USA Firm/Company 36 S 18th Ave, Suite D Address Brighton, ©O 80601 City, State and Zip Code ompliance a gouldrather.ion E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Char Jackson 655.9659 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

INHS04 (01/06)

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. JOHNSON FAMIL	Y INVESTMENT LIMITED	PARTNERSHIP
Name of Limited	Partnership or Limited Liability Limited	Partnership
212/01/199	3.	A14000000610
Date of filing/registration	n Florida Flori	da document number
4. The name of the registered agent Department of State:	and the registered office address as show NRAI SERVICES, INC	on the records of the Florida
	Name	-
	200 South Pine Island Road	
	Address	
	Plantation, FL 33324	
	City, State and Zip	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
5. The name and Florida street addr	ess of the new registered agent and/or off	
Uni	versal Registered Agents, Inc.	10000000000000000000000000000000000000
	Name	SS 22 T
	3458 Lakeshore Drive	N 22 R
Florid	a street address (P.O. Box not acceptable)	FIN &
	allahassee, FL 32	2312
_	City, State and Zip	
Such change(s) is/are effective w	il hen filed by the Florida Department of St	ate.
Karala John	yan .	
Signature of General Partner		
I hereby accept the appointment as r	egistered agent and agree to act in this c	anacity. I further garee to
comply with the provisions of all Ma	fules relative to the proper and complete.	parformance of my dution
and ram jamiliar with an accept the	obligations of my position as registered in	
Signature of Registered Agent	CONDO MICCIÓN	ne), ASST. V.P.
Filing Fee:	3 5.00	
Certified Copy (optional): S	\$ \$ 2.50	