## A 15 00000 0455

(R	lequestor's Name)	
	ddress)	`
	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	<u> </u>
(L	ocument Number)	
Certifièd Copies	Certificates of	f Status
Special Instructions to	n Filing Officer	
Special instructions to	o Filing Officer.	

Office Use Only



300285890643

06/14/16--01052--006 \*\*35.00

MONATURE SECTIONS OF THE SECTION OF

## 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.	JM LAS OL	AS L	LLP			
N:	une of Limited Partnership or Limi	ted Liab	ility Lim	ited Partners	hip	
2. 07/23/2015  Date of filing/registration in Florida		3		A1500000455 Florida document number		
		J	F			
4. The name of the re Department of State:	egistered agent and the registered o	ffice add	ress as s	hown on the	records of the Fl	orida
	JARED S	TARK				
	Nany	:				
	701 SOUTH OLIVE AV	/ENUE	E, SUIT	E 104		
	Addre					
•	WEST PALM BEAC	Н	FL	33401		
•	City, State a	ınd Zip			÷	;
5. The name and Flo	rida street address of the new regist	ered age	nt and/o	r office:		•
	Corporation Serv	ice Co	mpany	<i>'</i>	<u></u>	
	Namo	2				
	1201 Hays	Street	l			Ų
	Florida street address (P.O			able)	22	ī\ O
	Tallahassee		FL	32301	**	
	City, State a	ınd Zip	' ~			
Signature of General  I hereby accept the ap- comply with the provi- and I am familiar wit Corporal  By: Signature of Register	opointment as registered agent and isions of all statutes relative to the plan accept the obligations of my plion Service Company	n behalf 'agree w proper a	of JM (  ) act in to  nd comp	GP LLC, its this capacity.	I further agree t	ο
Grace E. Nilby, ASS	oracit vice measurill					
Filing Fee: Certified Copy (e	\$35.00 optional): \$52.50					