

AIS
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, LLP
Account Number : 12016000081
Phone : (407) 839-4277
Fax Number : (407) 839-4264

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
JR SMITH HOLDINGS, LLLP

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Page Count	01
Estimated Charge	\$35.00

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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. JR Smith Holdings, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11.10.2015 3. A15000000733
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:

Broad and Cassel LLP
Name
390 N. Orange Avenue, Suite 1400
Address
Orlando, FL 32801
City, State and Zip

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

B&C Corporate Services of Central Florida, Inc.
Name
390 N. Orange Avenue, Suite 1400
Florida street address (P.O. Box not acceptable)
Orlando FL 32801
City, State and Zip

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

[Signature]
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]
Signature of Registered Agent

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

STATE DEPT OF STATE
ALLAHASSLE, FLORIDA

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