Office Use Only CUMENT NUMBER(S), (if known): **CORPOF** P.O. Box 161506 Mobile, AL 36616-2506 600002412856 -01/27/98--01031--******35,00 ****** (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Certified Copy Pick up time Certificate of Status Will wait Photocopy Mail out NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

LAMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

I. JBL Properti		
	Name of the limited partnership	
2. August 1, 19 Date of filing/reg		it number assigned
4 The name of the rea	ristered agent and the registered office address as sho	over on the manufacture Florida
Department of State	i.	own on the records of the Florida
Doparamont of Dance	Wiley C. Page	·
	Name	 -
	Suite 1, 8826 North Davis Hwy.	
	Address	
	Pensacola, FL 32514	٠
K. L. LAMAT STATE TO THE STATE OF SEC.	City, State and Zip	AEE 98
		器 量 1
5. The name and addre	ess of the new registered agent and/or office:	22 2
- · ·	Jackie P. Melvin	AMID: 2
	Name	79 3
•	Suite 1, 8826 North Davis Hwy.	
<u></u>	Florida street address (P.O. Box not acceptabl	e) == == ==
	`	
	Pensacola, FL 32514 City, State and Zip	·
6. Such change(s) was	/were authorized by the general partners.	
JBL PROPERTIES.	LTD.	
By: JSBA, Inc. By:	Managing General Partner	
	T. Ellis Lord, Treasurer	
- –	, , , , , , , , , , , , , , , , , , ,	
comply with the provisi I am familiar with and being filed merely to 1	pointment as registered agent and agree to act in ions of all statutes relative to the proper and complet accept the obligations of my position as registere reflect a change in the registered office address, to otified in writing of this change.	ete performance of my duties, and ed agent Or if this document is
Jackw Y.	N Jelin	
Signature of Registered Age	ent '	
1/		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00