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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850)521-1000 Fax Number

: (850)558-1575 \*\*Enter the email address for this business entity to be used for TLM annual report mailings. Enter only one email address please

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## REGISTERED AGENT CHANGE JACKSONVILLE FLEMING 501, LP

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D. BRUCE

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**EXAMINER** 

## 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. JACKSONVILLE FLEMING 501, LP

Nam	ie of Lunifed Partnership of L	iiniteo Liabinty Limiteo rarme	rsnip	
2. 03/02/2000		3. B0000000000	58	
	registration in Florida	- · · · · · · · · · · · · · · · · · · ·	iment number	
4. The name of the reg Department of State:	istered agent and the registere	d office address as shown on t	ic records of the Florida	
	C T Corporation Sys	tem	_	
<del>-</del>	N	ame		
	1200 South Pine Islan	nd Road	ACCE 5	
-	Ad	dress	AAR SA	777
	Plantation, FL 33324	US	HE Z	
-		de and Zip	SSE CO	
5. The name and Florid	da street address of the new re	gistered agent and/or office:	EE. P	M
	Corporation Service	Company	FE S <b>89</b>	
-	N	ame	8: 44 STATE FLORIE	
	1201 Hays Street		DE *	
-	Florida street address (	P.O. Box not acceptable)	<del></del>	
	Tallahassee	<sub>FL</sub> 32301		
-	City, Sta	ate and Zip	<del></del>	
6. Such change(s) is/m  6. Suc	re effective when filed by the	·	Konville Flew y 501 Mg.	nl., Parlner
I hereby accept the app comply with the provisi and I am familiar with Corporation Ser By:	pointment as registered agent ions of all statutes relative to t an accept the obligations of m	and agree to act in this capacit the proper and complete perfor ny position as registered agent.	y. I further agree to	Z,
Filing Fee:	\$35.00			
Certified Copy (or	ptional): \$52.50		·	