

B220000000128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

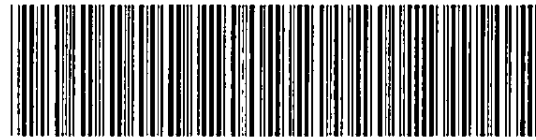
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



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LP RA change

FILED

2023 APR 26 AM 10:22

SECRETARY OF STATE  
TOLAHASSEE COUNTY

A. RAMSEY  
APR 27 2023

2023 APR 26 AM 11:20  
TOLAHASSEE COUNTY  
SECRETARY OF STATE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 687337 7784733

AUTHORIZATION :



COST LIMIT : \$ 35.00

ORDER DATE : April 19, 2023

ORDER TIME : 9:50 AM

ORDER NO. : 687337-041

CUSTOMER NO: 7784733

CHANGE OF AGENT

NAME: JAX HR OWNER, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Elyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

**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. JAX HR OWNER, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/18/2022 3. B22000000128  
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:

NRAI SERVICES, INC.  
Name  
1200 SOUTH PINE ISLAND ROAD  
Address  
PLANTATION, FL 33324  
City, State and Zip

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

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

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

Jill E Cilmi  
Signature of General Partner

JILL CILMI, AUTHORIZED PERSON ON  
BEHALF OF CHANCE HR RESIDENTIAL, LLC.  
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.*

Grace E Kirby  
Signature of Registered Agent

GRACE E KIRBY, ASST. VICE PRESIDENT

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301