## ¥ F91000003023

| (Request                       | ors Name)    |             |
|--------------------------------|--------------|-------------|
| (Address                       | )            |             |
| (Address                       | )            |             |
| (City/Stat                     | e/Zip/Phone  | e #)        |
| PICK-UP                        | ] WAIT       | MAIL        |
| (Busines                       | s Entity Nar | me)         |
| (Docume                        | nt Number)   |             |
| Certified Copies               | Certificates | s of Status |
| Special Instructions to Filing | Officer:     |             |
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JIVISION OF CORPUSATION

JUL 20 2017 3 INICNAIR



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: July 14, 2017

Order#: 722519-002

Re: JMG REALTY, INC.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

|  |  | 0502, 607,1508, or 617,1508, Florida Sta<br>ganized under the laws of the State of <mark>Gl</mark>   |                  |
|--|--|--|------------------|
| •  |  | gistered agent, or both, in the State of Flo   |                  |
| 1. The name of t   | the corporation: JMG REALTY, INC.  |  |                  |
| 2. The principal   | office address: 5605 GLENRIDGE D   | RIVE, SUITE 1010, ATLANTA, GA 3034   | 12               |
|  |  |  |                  |
| 3. The mailing a   | ddress (if different): 5605 GLENRID  | GE DRIVE, SUITE 1010, ATLANTA, GA  | 30342            |
| 4. Date of incorp  | poration/qualification: 06/10/1997   | Document number: F9700000  | 3023             |
|  | I street address of the current registere tment of State: (If resigned, enter resi | ed agent and registered office on file with igned)   | the              |
|  | CT CORPORATION SYSTEM  |  |                  |
|  | 1200 SOUTH PINE ISLAND ROAD  |  | 7817<br>7817     |
|  | PLANTATION   | FL 33324   | 2817 JUL 18      |
| 6. The name and (if changed):  | l street address of the new registered a   | agent (if changed) and /or registered offic  | 8 AH 9: 35       |
|  | Corporation Service Company  |  | မှ<br>ယ<br>မ     |
|  | 1201 Hays Street   |  |                  |
|  |  | NOT acceptable   |                  |
|  | Tallahassee  | FL 32301   |                  |
| The street address changed will  | ess of its registered office and the stre<br>be identical.                         | eet address of the business office of its r  | egistered agent, |
| Such change wa<br>authorized by th                                       | is authorized by resolution duly adoption board, or the corporation has been       | nted by its board of directors or by an of a notified in writing of the change.  | ficer so         |
| Xel  | E. Wener   | JILL CILMI, VICE PRESIDENT   |                  |
| Signatu  | re of an officer or director   | Printed or typed name and title  |                  |
| I fwthe agree i<br>performance of<br>agent. Or, if the<br>hereby confirm | my dúties, and Lain familiar with an   | and agree to act in this capacity, statutes relative to the proper and complet accept the obligation of my position a reflect a change in the registered office and in writing of this change. | s revistered     |
| By: In   | Oco CAMOL<br>nature of Registered Agent  | 07/14/2017   |                  |
| If signing on be   | half of an entity:   |  |                  |
| GRACE E. KIR   | BY, ASST. VICE PRESIDENT   |  |                  |
| Ty   | ped or Printed Name  |  |                  |

\* \* \* FILING FEE: \$35.00 \* \* \*