200	1 UNIFORM BUS	INESS REPO	DRT (U	BR)	•			
	MENT# LOOO	00003170				R	,	
1. Entity Nar GARDEN	NS OF JULINGTON, LLC				FILED HAR 30 PH 3: 20	4/10	-	
					MAR 30 PH 3: 20	, '[Ψ		
Principal Plac	ce of Business	Mailing Address	Mailing Address		STAT	Ē.		`
9471 BAYMEADOWS ROAD. SUITE 403 JACKSONVILLE FL 32256		9471 BAYMEADOWS ROAD. SUITE 403 JACKSONVILLE FL 32256		S TA	MAN JO CHETANY OF STATI EAHASSEE FLORK	3# <u>5</u>		
2. Principal Place of Business 3. 1		3. Mailing Address	3. Mailing Address		1 10 E1   US   U11 U E111   U11   U	0114 00141 00EH 00141 B	0100 ISIO1 (I <b>C</b> II	18841 WW11 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State :			4. FEI Number 69 48	42		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desir		<b>5.00</b> Addes Require	
-	6. Name and Address of Curren	t Registered Agent	_ ~	me	7. Name and Address of No.	ew Registered A	gent	
YOUNG.	JAMES R			*				
9471 BAYMEADOWS ROAD, SUITE 403			Str	Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32256								
	:	·	Cit	y	•	FL	Zip Cod	le
8. The above	e named entity submits this statement f	or the purpose of changing its	s registered off	ce or registere	d agent, or both, in the State of	of Florida.		
					•			
SIGNATURE								•
	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent		_	DATE		·
	Signature, typed or printed name of registered agen		TE: Registered Agent	signature required v	_	DATE		
	Signature, typed or printed name of registered agents		OW!!! FEE	signature required v	when reinstating)	DATE		
9.	MANAGING MEME	FILE N Make Check Pa	OW!!! FEE	signature required v	when reinstating) State	DNS/CHANGES		
TITLE	MANAGING MEME  MANAGING MEM	FILE N Make Check Pa BERS/MEMBERS  BE R	OWI!! FEE ayable to De	signature required v	when reinstating) State	DNS/CHANGES	☐ Change	☐ Addition.
	MANAGING MEME  MANAGING MEM	FILE N Make Check Pa BERS/MEMBERS  BE R	OW!!! FEE ayable to De	signature required v IS \$50.00 partment of	when reinstating) State	DNS/CHANGES	☐ Change	Addition.
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEME MANAGING MEMI YOUNG LAND GROU 9471 BAY MEADOU JACKSONUILLE MEMBER A J JOHNS	FILE N Make Check Pa BERS/MEMBERS  BE R  Delete P Zn C 0.5 RD 4 403  71 32256	10. TITLE NAME STREET ADD CITY-ST-ZIE NAME	signature required v IS \$50.00 partment of	State ADDITIO	DNS/CHANGES	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMO MANAGING MEMO YOUNG LAND GROU 9471 BAY MEADOU JACKSONUILLE MEMBER AJJOHNS 3223 ANNISTON R	FILE N Make Check Pa BERS/MEMBERS  BE R  Delete P Zn C 0 5 R0 4 40 3  #L 32256  Delete	10. TITLE NAME STREET ADD CITY-ST-ZIF	signature required v IS \$50.00 partment of	State ADDITIO	DNS/CHANGES 03985 /10/010	□ Change <b>41</b> 9	☐ Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMO MANAGING MEMO YOUNG LAND GROW 9471 BAY MEADOW JACKSONUILLE MEMBER AJJOHNS 3223 ANNISTON R JACKSONVILLE FL	FILE N Make Check Pa BERS/MEMBERS  BE R  Delete P Zn C 0 5 R0 4 40 3  #L 32256  Delete	10. TITLE NAME STREET ADD CITY-ST-ZIF NAME STREET ADD CITY-ST-ZIF	signature required v IS \$50.00 partment of	State ADDITIO	DNS/CHANGES D3985 /10/010 ***50.00	□ Change <b>41</b> 9	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME	MANAGING MEMO MANAGING MEMO YOUNG LAND GROW 9471 BAY MEADOW JACKSONUILLE MEMBER AJJOHNS 3223 ANNISTEN R JACKSONVILLE FL MEMBER MARK V JOHNS	FILE N Make Check Pa  BERS/MEMBERS  BE R Delete P Zn C Do R 2 403  FL 32256 Delete  Delete  Delete	10. THE NAME STREET ADD CITY-ST-ZIF NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME	signature required v IS \$50.00 partment of	State ADDITIO	DNS/CHANGES D3985 /10/010 ***50.00	□ Change <b>41</b> 9 1086 *****	Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP