DOCUMENT # L0000008926

| VESTCOR TEXAS DEVELOPMENT, LLC | | | | | 0: | 3 MAR 17 AM | 4 M: 03 | . NA | / |
|--|--|--|-------------------|--|---|-------------------------------|-----------------------|----------------------------|------------|
| , | ce of Business ROAD. SUITE 300 EFL 32257 | Mailing Address 3020 HARTLEY ROAD. SUITE 300 JACKSONVILLE FL 32257 | | | : | | | W-1 | <i>[</i> 0 |
| 2. Principal F | Place of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | | 4. FEI Numi | ber 59-366004 | Ю | | pplied For |
| Zip | Country | Zip | Cour | ntry | 5. Certificat | te of Status Desired | | \$5.00 Ad | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name an | d Address of New I | Registered | | |
| VESTCOR DEVELOPMENT CORPORATION, INC. | | | | Name | | | | | |
| 3020 | D HARTLEY ROAD, SUITE 300 KSONVILLE FL 32257 | ion, ino. | | Street Address | dress (P.O. Box Number is Not Acceptable) | | | | |
| | | | | C: | | | | T =: "= | |
| 8 The share | | | | City | | | FL | Zip Cod | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| | | Make Check Payable Due | e to Fid By Ma | FEE IS \$50.00 orida Departme ay 1, 2003 | ent of State | | | | |
| 9. TIT: C | MANAGING MEMBE | | 10. | <u> </u> | | ADDITIONS | /CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VESTCOR DEVELOPMENT CORP 3020 HARTLEY ROAD, SUITE 30 JACKSONVILLE FL 32257 | | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | ŀ | | | | Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP. | | □ Delete | | | 9C 03/17. | 0 00141 1 /0301018- | 0 90 ; -017 | □ Change 2.9 **55.00 | ☐ Addition |
| TITLE NAME - 4 STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | ☐ Change | Addition |
| ITLE IAME STREET ADDRESS SITY-ST-ZIP | | ☐ Delete | | | | | | ☐ Change | Addition |
| ITLE IAME TREET ADDRESS HTY-ST-ZIP | | ☐ Delete | | 1 | | | | ☐ Change | Addition |

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.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-10-03

(904)260-3030