## Florida Department of State

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From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663 E. FLORID

## LIMITED LIABILITY AMENDMENT

NORTHSIDE PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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## STATEMENT OF CHANGE OF REGISTERED AGENT AND REGISTERED OFFICE FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office and registered agent in the State of Florida.

- The name of the limited liability company is Northside Partners, LLC.
- The mailing address of the limited liability company is 9390 Lem Turner Road, Jacksonville, Florida 32208.
- 3. The date the company was organized in Florida was February 5, 2001.
- 4. The company's document number is L01000001880.
- 5. The name of the registered agent and registered office as shown on the records of the Florida Department of State is:

Robert L. Releford 10010 Belle Rive Boulevard Jacksonville, Florida 32256

6. The name and address of the new registered agent and office are:

Daryl R. Jackson 101 East Union Street, Suite 400 Jacksonville, Florida 32202

It is hereby confirmed that the changes above were authorized by an affirmative vote of the members of the limited liability company.

By: Daryl P. Jackson

I hereby accept 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 as provided for in Chapter 608, Florida Statutes.

By: Daryi R. Jackson Ita: Registered agent

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