L04000040627

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Вс | usiness Entity Nar | ne) |
| (Do | ocument Number) | 1 |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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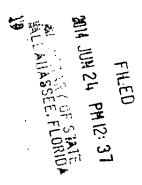
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COVER LETTER

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| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: J& J REAL VENTURES TWO, LLC | C ted Liability Company |
| name of Limi | ted Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | e Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| Matt Stockman Name of Person | |
| Nov: NOFF Manheimer + | <u>(o.</u> |
| 4695 Lake Forest Dr. S | Ste 400 |
| Cincinnation of 45242 City/State and Zip Code | |
| msTock Man@nevman.com E-mail address: (to be used for future annual report notific | cation) |
| For further information concerning this matter, p | |
| Matt Stock Man at | (513) 483-6150 Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following a | mount: |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| INHS18 (12/13) | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR FILED BOTH FOR LIMITED LIABILITY COMPANY

| company submits the following statement in order to also | rida Statutes, the undersigned IMHed Via hity PM 12: 37 | 1 |
|--|---|-----|
| company submits the following statement in order to chaboth, in the State of Florida. | The Chair | • |
| 1. Name of the limited liability company: <u>J & J REAL V</u> | ENTURES TWO, LLC | , r |
| 2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) | ny: 8044 MONTGOMERY ROAD SUITE 522 CINCINNATI, OH 45236 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 8044 MONTGOMERY ROAD SUITE 522 CINCINNATI, OH 45236 | |
| 05/24/2004 | L04000040627 | |
| 3. Date of filing/registration in Fiorida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | |
| Registered Agent: | JOHNSON-BOYCE, CHRISTINA M | |
| Registered Office Address: | 501 E. Kennedy Blvd., Suite 1700 Tampa, FL 33602 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> | | |
| NEW Registered Agent: | InCorp Services, Inc. | |
| NEW Registered Office Address: | InCorp Services, Inc. 17888 67th Court North | |
| | | |
| NEW Registered Office Address: | Loxahatchee ,FL 33470 claws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)