## 105000 T1820

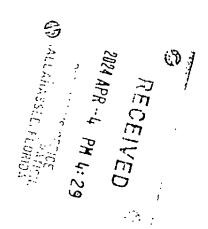
| (Requestor's Name)                      |  |  |  |  |  |
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|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
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|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| •                                       |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |
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| J. HORNE<br>APR - 5 2024                |  |  |  |  |  |
| J. 11-                                  |  |  |  |  |  |
| APR - 5 2027                            |  |  |  |  |  |
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

| Date:      | 04/04/2024                           |                      |
|------------|--------------------------------------|----------------------|
| Name:      | Patrice Rush                         |                      |
| Reference  | 2325749                              | _                    |
| Entity Nam | ne: JOHNSON LAKES                    | S DEVELOPMENT, LLC   |
| ☐ Arti     | icles of Incorporation/Authorization | to Transact Business |
| ☐ Am       | endment                              |                      |
| ✓ Cha      | ange of Agent                        |                      |
| ☐ Rei      | instatement                          |                      |
| Cor        | nversion                             |                      |
| ☐ Mer      | rger                                 |                      |
| Dis:       | solution/Withdrawal                  |                      |
| ☐ Fict     | titious Name                         |                      |
| ☐ Oth      | ner                                  |                      |
|            |                                      |                      |
| Authorized | d Amount: \$25.00                    |                      |
| Signature: | · (Pattle                            |                      |

F: 800.944.6607

F: +852.2682.9790

## **COVER LETTER**

| TO: | Registration Section    |
|-----|-------------------------|
|     | Division of Corporation |

| SUBJECT:   | CT: JOHNSON LAKES DEVELOPMENT, LLC |  |           |             |                                 |  |
|--|------------------------------------|--|-----------|-------------|---------------------------------|--|
|  | Name of Limited Liability Company  |  |           |             |                                 |  |
| Dear Sir or Madam:   |                                    |  |           |             |                                 |  |
| The enclosed Registered Agen                               | √Registered Offic                  | ce Char  | ige and   | fee(s) a    | re submitted for filing.        |  |
| Please return all correspondence                           | e concerning this                  | matter   | to the    | followir    | ng:                             |  |
|  |                                    |  |           |             |                                 |  |
|  | el J. Sari                         | _  |           |             |                                 |  |
| Name   | of Person                          |  |           |             |                                 |  |
| Archet   | ypes, LLC                          |  |           |             |                                 |  |
| Firm/C   | Company                            |  |           |             |                                 |  |
| 401 E 4TH S  | TREET STE 203                      |  |           |             |                                 |  |
| Add  | ess                                |  |           |             |                                 |  |
| Winston-Sa   | lem, NC 27101                      |  |           |             |                                 |  |
| City/State   | and Zip Code                       |  |           | <b></b>     |                                 |  |
|  | ndmarkdevco.com                    |  |           | <del></del> |                                 |  |
| E-mail address: (to be use                                 | ed for future annu                 | ial repo   | rt notifi | ication)    |                                 |  |
| For further information concer-                            | ning this matter, p                | olease c   | all:      |             |                                 |  |
| Sam Sari   |                                    | at (   | 336       | ١           | 714-8910                        |  |
| Name of Perso  | n                                  | _ at (   |           | Area (      | Code & Daytime Telephone Number |  |
| STREET/COURIER Registration Section Division of Corporatio |                                    | MAILING ADDRESS: Registration Section Division of Corporations |           |             |                                 |  |
| Clifton Building   | P.O. Box 6327                      |  |           |             |                                 |  |
| 2661 Executive Center                                      |                                    |  |           |             |                                 |  |
| Tallahassee, Florida 32                                    | .301                               |  |           |             |                                 |  |
| Enclosed is a check for the following amount:              |                                    |  |           |             |                                 |  |
| □ \$25 Filing Fee  |                                    |  | □ \$5     | 5 Filing    | Fee & Certified Copy            |  |
| INHS18 (2/14)  |                                    |  |           |             |                                 |  |



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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| Name of the limited liability company: |                    |  | JOHNS  | JOHNSON LAKES DEVELOPMENT, LLC                               |  |  |  |  |
|--|--------------------|--|--|--|--|--|--|--|
|  |                    | ONE WEST LLOYD STREET  | ſh   | )  | 401 E 4TH STREET   |  |  |  |
| <b>2.</b> (                            | α,                 | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | _ (  |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |  |  |
|  |                    |  | _  |  | STE 203  |  |  |  |
|  |                    | PENSACOLA, FL 32501  | _  |  | WINSTON-SALEM, NC 27101  |  |  |  |
|  |                    | 08/08/2005   |  |  | L05000077826   |  |  |  |
| 3.                                     |                    | Date of filing/registration in Florida   | 4.   |  | Document number  |  |  |  |
| 5. (                                   | (a)                | NONE: RA Resigned 06/09/2023   |  |  |  |  |  |  |
|  | ` ′                | Registered Agent and Registered Office shown on the records of the   | ne Florida                                   | Dept. of State   | -<br>e:  |  |  |  |
|  |                    |  |  |  | 7.1  |  |  |  |
|  |                    | Registered Office Address (MUST BE FLORIDA STREET A.   | <u>DDRESS</u>                                | 2  |  |  |  |  |
|  |                    |  |  |  |  |  |  |  |
|  |                    | , FL_  |  |  |  |  |  |  |
|  |                    | , FD   |  |  | ·  |  |  |  |
| (                                      | b)                 | Cogency Global Inc.  |  |  | 9.   |  |  |  |
|  |                    | Enter name of NEW Registered Agent and/or NEW Registered C   | Office ado                                   | dress:   | : 7  |  |  |  |
|  |                    | 115 North Calhoun Street, Suite 4  |  |  |  |  |  |  |
|  |                    | NEW Registered Office Address:   |  |  | •  |  |  |  |
|  |                    |  |  |  | •  |  |  |  |
|  |                    | Tallahassee FL   | 32   | 2301   |  |  |  |  |
| the cagen<br>was/<br>the a             | t w<br>we<br>we    | mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable. | he regis<br>bility co<br>the lim             | tered office<br>mpany, it is<br>ited liability               | e and the business office of the registered<br>is hereby confirmed that the change(s)<br>y company or as otherwise provided in<br>apany.  Samuel J. Sari                       |  |  |  |
| Sig                                    | rnat               | use of a member or authorized representative of a member   |  |  | Printed or typed name of signee  |  |  |  |
| prov<br>the a<br>to m                  | isio<br>bli<br>ere | y accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>gations of my position as registered agent as provided<br>ly reflect a change in the registered office address, I he<br>in writing of this change.                         | e to act<br>performa<br>for in C<br>preby co | in this cape<br>ince of my e<br>Thapter 605<br>infirm that i | acity. I further agree to comply with the<br>duties, and I am familiar with and accept<br>, F.S. Or, if this document is being filed<br>the limited liability company has been |  |  |  |
| Sign                                   | atur               | e of Registered Agent  |  |  |  |  |  |  |