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SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 APR 30 PM 3: 14

M. MILLIGAN MAY - 2 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations						
JCLA Development, LLC SUBJECT:						
Name of	Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this m	atter to the following:					
Robert Udell						
Name of Person						
JCLA Development, LLC						
Firm/Company	<del></del>					
2823 St Johns Bluff Rd S						
Address	<del></del>					
Jacksonville, FL 32246						
City/State and Zip Code						
robert.udell@cjjholdings.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, plea	ase call:					
Robert Udell	904 755-9002					
Name of Person	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 amount:						
■ \$25 Filing Fee	☐ \$55 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:    JCLA Development, LLC							
2.	(a)		(ŀ	o)			
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		2823 St Johns Bluff Rd S		2823 St	Johns Bluff Rd S		
		Jacksonville, FL 32246		Jacksonv	ville, FL 32246		
		11/18/2005		L0500011	1813		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)						
	` ,	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:			
		Laurence Anderson			<b>*</b> ***********************************		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					TO LE		
		10416 Alta Drive					
		Jacksonville gr	32226		WISION OF CORPORATION 18 APR 30 PH 3: 1		
		, , , ,		<del> </del>	<b>工</b>		
	(b)						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :	نوبة تط		
		Robert Udell					
		NEW Registered Office Address:		<del></del>			
		2823 St Johns Bluff Rd S			•		
		Jacksonville, FL	32246				
the age wa	e cha ent v is/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the reginate the control of the limited limite	stered office ompany, it is nited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
_	Signat	ure of a member or authorized representative of a member	<u> </u>	pert Udell	Printed or typed name of signee		
I h pro the to no	vierel ovisi obli mere tified	by accept the appointment as registered agent and aground on sof all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to aci perform I for in ( ereby c	t in this capa	city. I further agree to comply with the		