

LD70VVVV13091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

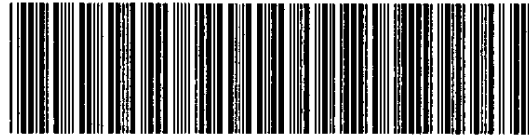
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JUL 26 2012

EXAMINER



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07/23/12--01029--017 \*\*75.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 23 AM 8:51

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JHS & MCB Naples Blvd I, LLC  
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 matter to the following:

FILED STATE  
SECRETARY OF CORPORATIONS  
12 JUL 23 AM 9:51

Aaron Thompson  
Name of Person

JHS & MCB Naples Blvd I, LLC  
Firm/Company

11411 Park Road  
Address

Anchorage, KY 40223  
City/State and Zip Code

aaron@evgrealestate.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Thompson at ( 502 ) 253-4348  
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

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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.*

1. Name of the limited liability company: JHS & MCB Naples Blvd I, LLC

2. (a) Principal office address of limited liability company: 11411 Park Road

(Note: MUST BE STREET ADDRESS)

Anchorage, KY 40223

(b) Mailing address of limited liability company:

11411 Park Road

(Note: MAY BE POST OFFICE BOX)

Anchorage, KY 40223

02/05/2007

L07000013091

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Mark C. Bates

Registered Office Address:

1613 Chinaberry Way  
Naples, FL 34105

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Gregory N. Woods

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Newgate Tower  
5150 Tamiami Trail, Suite 603  
Naples, FL 34103

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Aaron M. Thompson  
Signature of a member or authorized representative of a member

Aaron M. Thompson

Printed or typed name of signee

*I hereby accept the 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Gregory N. Woods  
Signature of Registered Agent

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