## L07000074559

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(Address)							
(Cit	y/State/Zip/Phon	e #)					
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(Document Number)							
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DIVISION OF CONFORATION

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: April 24, 2015

Order#: 596876/001

Re: JJLA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.

l.	Na	me of the limited liability company:	JJLA, LLC			
2	(a)	12201 BLUEGRASS PARKWAY		(b	)	
۷.	(a)	Principal office address of limited li  (Note: MUST BE STREET)				Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		LOUISVILLE	K <b>Y</b> 40299	_		
		07/18/2007			L070000	74559
3.		Date of filing/registration in	n Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM				
٥.	(ω)	Registered Agent and Registered Office sho	wn on the records of t	the Florida	Dept. of Stat	- e:
		1200 SOUTH PINE ISLAND ROA	D			<b>~</b> 9
		Registered Office Address (MUST BE I	FLORIDA STREET A	1DDRESS	2	NSIG.
						R OF
		PLANTATION	, FL	33324		2815 APR 28
						<b>3</b> 9 9 9
	(b)	Corporation Service Company				2: 54
		Enter name of <u>NEW Registered Agent</u> and	/or <u>NEW Registered</u>	Office add	dress:	54
		1201 Hays Street				
		NEW Registered Office Address:				-
						-
		Tallahassee	, FL	32301		_
th ag w	e cha gent w as/we	inge or changes are made, the Florida will be identical. Or, in the case of a	a street address of Florida limited lia of the members of	the registability confithe limited l	stered offic ompany, it i ited liabilit iability cor	orida, it is hereby confirmed that after e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in appany.  Authorized Person
	Signa	ture car member or authorized representative	e of a member			Printed or typed name of signee
pr th to no	ovisi e obl mero tified	ons of all statutes relative to the pro- igations of my position as registered ely reflect a change in the registered d in writing of this change.	per and complete agent as provide office address, I	performe d for in C hereby co	ance of my Chapter 60, onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
S	ignatu	re of Registered Agent Corporation Ser	vice\Company	BY: G	race E. Ki	rby, Asst. Vice President

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