

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003158413)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number: 075030000653

Phone

: (904)359-7700

Fax Number

: (904)359-7708

\*\*Enter the email address for this business entity to be use !annual report mailings. Enter only one email address please.\*\*

Email Address: acanady@smithhulsey.com

LLC REGISTERED AGENT CHANGE

SMITH HULSEY & BUSEY, LLC

Certificate of Status 0 Certified Copy 0 01 Page Count \$25.00 Estimated Charge

## 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.

1. Na	me of the limited liability company:	& Bus	еу	LLC
2. (a)	1 Independent Drive, Suite 3300	(	b)	1 Independent Drive, Suite 3300
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	~/_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville, FL 32202	-	_	Jacksonville, FL 32202
	11/25/2009	-	L	09000113336
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Smith Hulsey & Busey, Professional Associate	tion		
J. ( <del>4</del> )	Registered Agent and Registered Office shown on the records of th	e Florio	ia D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AD 225 Water Street, Suite 1800			- 1 E
	Jacksonville , FL	32202	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	,			<b>=</b>
(b)	Enter name of NEW Registered Agent and/or NEW Registered (	200	44-	9 2
	Enter name of NEW Registered Agent and/or NEW Registered (	JIIICE A	<u>uu r</u>	26
	NEW Registered Office Address:			
	One Independent Drive, Suite 3300			
	Jacksonville, FL_	3220	2_	
signal line art signal line ar	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the lattice of a member of authorized representative of a member obly accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of misrchange.	the registry of the limited Meeto a perform in the limited of the	riste con mit l lia . R ct in mar i Ch con	ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ibility company.  ichard Lewis, Jr.  Printed or typed name of signee in this capacity. I further agree to comply with the acce of my duties, and I am familiar with and acceptanter 605, F.S. Or, if this document is being filed affirm that the limited liability company has been
	Division of Corporations• P.O. B FILING FE			

INHS18 (2/14)