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COVER LETTER

TO: Registration Section Division of Corporations						
100 N. LAURA STREET, L.L.C. SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
THERESA M. KENNEY, ESQ.						
Name of Person						
DUSS KENNEY SAFER HAMPTON & JOOS, P.A.						
Firm/Company						
4348 SOUTHPOINT BOULEVARD, SUITE 101	SECR!					
Address	——————————————————————————————————————					
JACKSONVILLE, FL 32216	7					
City/State and Zip Code	—————————————————————————————————————					
E-mail address: (to be used for future annual repor	rt notification)					
For further information concerning this matter, please co	all:					
THERESA M. KENNEY, ESQ.	904 543-4311					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303					
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.

1.	Na	une of the limited liability company: 100 N. LAURA	STREET, L.I	L.C.	
2.	(a)	100 N. LAURA STREET, L.L.C.	(b)_	100 N. LAURA STREET, L.L.C.	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	-
		10 W. ADAMS STREET, 3RD FLOOR		10 W. ADAMS STREET, 3RD FLOOR	
		JACKSONVILLE, FL 32202		JACKSONVILLE, FL 32202	
		APRIL 4, 2011		L11000040188	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	DUSS, JOHN S., IV, ESQ.			
	(")	Registered Agent and Registered Office shown on the records of DUSS KENNEY SAFER HAMPTON & JOOS	of the Florida De	ept. of State:	
		Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
		4348 SOUTHPOINT BOULEVARD, SUITE 101		20?! SE	
ı		JACKSONVILLE	FL_32216	2024 JUL 31 SECRETAR TALLAH	1.3523
	(b)	THERESA M. KENNEY, ESQ.		31 F	- 1 =
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	PM 1: 20	ا التسدة
				20	
		NEW Registered Office Address:			
		4348 SOUTHPOINT BOULEVARD, SUITE 101			
		JACKSONVILLE	7L_32216		
cha aga wa	inge int w sXwe	mited liability company is not organized under the lear changes are made, the Florida street address of the trial be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members clessof organization or the operating agreement of the	ne registered of liability comp of the limite se limited liab	office and the business office of the register pany, it is hereby confirmed that the change of liability company or as otherwise provide	ed (s) d in
_		ure of a member or authorized representative of a member		Printed or typed name of signee	<u>_</u>
\		by accept the appointment at registered agent and as ons of all statutes relative to the proper and completing igations of my position as registered agent as provide by reflective hange in the registered office address, if the writing of this change.	gree to act in e performanc led for in Cha I hereby confi	this capacity. I further agree to comply wit we of my duties, and I am familiar with and a upter 605, F.S. Or, if this document is being irm that the limited liability company has be	h the iccept filed een

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

INHS18 (2/14)