L/10000 81023

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

4

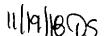




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COVER LETTER

Division of Corporations					
SUBJECT: JMJ Doral Oaks, LLC	·· ·			_	
Name	of Limited Li	ability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ee Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the	following:			
Chad Dewald					
Name of Person		_			
Franklin Street Mangement Services					
Firn/Company		_		<u> </u>	- **
600 N Westshore Blvd Suite 600				211179-2	- 10
Address				- 2	į.,
Tampa, FL 33609				₩	
City/State and Zip Code		_		62 53	
cdewald@franklinstreetrs.com			ኚታ		
E-mail address: (to be used for future annu	ial report notif	ication)			
For further information concerning this matter,	please call:				
Chad Dewald	813	839-7300 ext 309			
Name of Person		Area Code & Daytime Telepho	one Numb	er	
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

1 10/144	JMJ Doral C	oaks, LLC		
	me of the limited liability company: Jose M Jimenez	/1 \		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
	10481 Tatas Place			
	Escondido, CA 92026			
	8/22/2011	L	11000081	023
3.	Date of filing/registration in Florida	4.	I	Ocument number
	Cockey, Preston OJR			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:	12
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		٢٠ : ١٦
	110 E Madison St Suite 204			
	Tampa,	FL_33602		& 25
(b)	Chad Dewald Vice President - Multifamily	Managen	nent	*•
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	lress:	
	Franklin Street Management Services			
	NEW Registered Office Address:			
	600 N Westshore Blvd Suite 600			
	Tampa,	FL_33609		
signi Signi I here provis the obto mei	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of a member or authorized representative of a member obvious of all statutes relative to the proper and compilingations of my position as registered agent as provingly refract a change in the registered office address and in writing of this change	d liability cors of the limited	ompany, it is inted liability com	hereby confirmed that the change(s) company or as otherwise provided in pany. M. SIMENEY Printed or typed name of signee