L110000) 96580

(Red	questor's Name)			
(Ada	dress)	-		
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER •

TO: Registration Section Division of Corporations			
JMJ Villas South, LLC			
	ne of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change a	and fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to t	the following:	
Chad Dewald		· 2	m d
Name of Person		<u> </u>	1
Franklin Street Mangement Services		12	1
Firm/Company		<u></u>	,
600 N Westshore Blvd Suite 600		, .	ວ
Address			
Tampa, FL 33609			
City/State and Zip Code			
cdewald@franklinstreetrs.com			
E-mail address: (to be used for future ann	nual report n	otification)	
For further information concerning this matter.	, please call:		
Chad Dewald	813	839-7300 ext 309	
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	g amount:		
≥ \$25 Filing Fee		1 \$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.

Na	me of the limited liability company: JMJ Villas S	outh, LLC	
(a)	Jose M Jimenez	(b)	
(a)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10481 Tatas Place	<u> </u>	
	Escondido, CA 92026		
	8/22/2011	L110	000096580
	Date of filing/registration in Florida	4.	Document number
(a)	Cockey, Preston OJR		
i. (a)	Registered Agent and Registered Office shown on the records o	of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	110 E Madison St Suite 204		~ , 7
	Tampa	33602	
	Chad Dewald Vice President - Multifamily I	Management	
(b)	Enter name of NEW Registered Agent and/or NEW Registere		
	Franklin Street Management Services		
	NEW Registered Office Address:		
	600 N Westshore Blvd Suite 600		
	Tampa . F	_{.L} 33609	
Signa hereit	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ore authorized by an affirmative vote of the members cles of organization or the operating agreement of the florida limited of member or authorized representative of a member by accept the appointment as registered agent and a cons of all statutes relative to the proper and completing of my position as registered agent as provided by reflect a change in the registered office address, the writing of this change.	liability compa s of the limited the limited liabil	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Printed or typed name of signce