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(Requestor's Name)				
(Ad	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
OU)	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section

Division of Corporations

_{subject:} JHS Capital Holdings, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy Costner

Name of Person

JHS Capital Holdings, LLC

Firm/Company

501 E. Kennedy Blvd., Suite 1400

Address

Tampa, FL 33602

City/State and Zip Code

stacy.costner@jhscapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Costner

...813

202-7973

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

Inv. 06192013B

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: JHS Capital Holdings	, LLC		
2. (a) Principal office address of limited liability compar	nave 501 E. Konnorty Phys		
(Note: MUST BE STREET ADDRESS)	Suite 1400		
(TORE. MOST BE STREET ADDRESS)	Tampa, FL 33602		
	Tumpa, FE OGGGE	7.25 A	
(b) Mailing address of limited liability company:	501 E. Kennedy Blvd.	<u> </u>	
(Note: MAY BE POST OFFICE BOX)	Suite 1400	超 注 " 方	
TORE WITH BETOST OF THE BOX	Tampa, FL 33602	35.54	
		\$5.4° ₽	
11/30/11	144000405555	m-<	
	L11000135555		
3. Date of filing/registration in Florida	4. Document number	Till the same of t	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida	Dept. of State:	
Registered Agent:	F&L Corp.		
Registered Office Address:	One Independent Drive		
	Suite 1300		
	Jacksonville, FL 32202		
NEW Registered Agent:	Stacy Costner		
NEW Registered Office Address:	501 E. Kennedy Blvd.		
(MUST BE FLORIDA STREET ADDRESS)	Suite 1400		
	Tampa	,FL <u>33602</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Scott J. Bendert Printed or typed name of signee Liberally accept the appointment as registered agent and	Florida street address of thatical. Or, in the case of a s) was/were authorized by vise provided in the articles	e registered office Florida limited an affirmative vote of s of organization or	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my papter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compared	ugree 10 qci in inis capaci roper and complete perfor osition as registered agen erely reflect a change in it 1y has been notified in wri	ty. I juriner agree to mance of my duties, t as provided for in the registered office ting of this change.	

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

Signature of Registered Agent