

L12000017225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

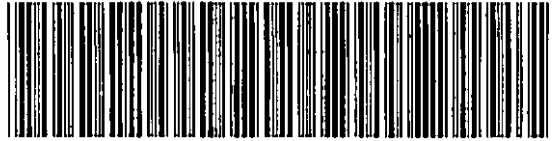
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 21 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jax GR land, LLC
Name of Corporation

DOCUMENT NUMBER: L12000017225

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Callen

Name of Contact Person

Liles Gavin et al.

Firm/Company

310 West Bay St, Suite 1030

Address

Jacksonville, FL 32202

City/State and Zip Code

scallen@lilesgavin.com

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

For further information concerning this matter, please call:

Scott Callen

Name of Contact Person

at (850) 545-8927

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2018

SCOTT CALLHEN
310 WEST BAY ST, STE 1030
JACKSONVILLE, FL 32202

SUBJECT: JAX GR LAND, LLC
Ref. Number: L12000017225

We have received your document for JAX GR LAND, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 318A00005976

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jax GR Land, 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:

R. Scott Callen

Name of Person

Liles Gavin, P.A.

Firm/Company

2915 Kerry Forest Parkway, Suite 101

Address

Tallahassee, FL 32309

City/State and Zip Code

Jim@growingroomfla.com

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

For further information concerning this matter, please call:

Scott Callen

Name of Person

at (850) 296-1951

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 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 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. Name of the limited liability company: Jax GR Land, LLC

2. (a) Jax GR Land, LLC (b) Jax GR Land, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

13720 Old St. Augustine Road, Suite 103

Jacksonville, FL 32258

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

13720 Old St. Augustine Road, Suite 103

Jacksonville, FL 32258

02/06/2012

L12000017225

3. Date of filing/registration in Florida

4. Document number

5. (a) Daniel Manusa

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1701 Hermitage Blvd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 100

Tallahassee, FL 32308

(b) R. Scott Callen

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Liles Gavin, P.A.

NEW Registered Office Address:

2915 Kerry Forest Parkway, Suite 101

Tallahassee, FL 32309

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James G. Bettinger
Signature of a member or authorized representative of a member

James G. Bettinger

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

FILED
19 FEB 19 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA