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VALLAHASSEE, FLORID.

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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	T: JCA G7M Are Properly LLC Name of Limited Liability Company				
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please re	turn all correspondence concerning this matter to the following:				
•	Joseffn V. Anusiaso Name of Person				
	JCA 67th Are Properly LLC Firm/Company				
	3030 N Rocky Pant Pric, STE 150A				
	ampa FL 33607 City/State and Zip Code				
E-1	mail address: (to be used for future annual report notification)				
For furth	ner information concerning this matter, please call:				
<u>J</u>	Name of Person at (717) 580-3532 Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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 & 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.

i. Na	me of the limited liability company:	JCA 67h	Are Properly LL	_ (
2. (a)	7072 00 0 1	L N	b) 3038 N.	Rocky Point Dr
` '	Principal office address of limited liability	ty company:	Mailing address of I	limited liability company:
	(Note: MUST BE STREET ADD	<u>RESS</u>)		POST OFFICE BOX
	Suite 150A		Suile 150	A
	Tampa FI 336	07	TampA. F	1 33607
	5/10/12		L1200006	3099
3.	Date of filing/registration in Flo	orida 4.	Document num	_
5. (a)	17888 GTH	Count North		
· (-)	Registered Agent and Registered Office shown of		la Dept. of State:	
	Loxahatchee	, F)_		
	Registered Office Address (MUST BE FLOR	RIDA STREET ADDRES	<u>S)</u>	
	from LLC			omit Vina a
		72	<u> </u>	5 5
		, fl <u></u> 33	7/0_	유리 후 기가
(b)				SSS &
(0)	Enter name of NEW Registered Agent and/or N	EW Registered Office as	ddress:	
	REGISTERED AGENTS INC.	<u>-</u>		22 o n
	NEW Registered Office Address:			©″ © A
	3030 N. Rocky Point Drive, STE	E 150A		
	Tompo	0000	7	
	Tampa	, FL_33607	<u>/</u>	
If the li	mited liability company is not organized	under the laws of the	e State of Florida, it is hereb	y confirmed that after
the cha	nge or changes are made, the Florida strovill be identical. Or, in the case of a Flor	eet address of the regi	istered office and the busine	ss office of the registered
was/we	re authorized by a affirmative vote of t	he members of the lin	nited liability company or as	s otherwise provided in
the artic	cles of organifiation or the operating agre	ement of the limited	liability company.	1 A .
Signat	ure of a member of authorized representative of a	member	JOS 97 Printed or typed in	h /hostasa
	by accept the appointment as registered of		•	_
provisio	ons of all statutes relative to the proper	and complete perform	vance of my duties, and I am	familiar with and accept
to mere	ons of all statutes relative to the proper gations of my position as registered age ly reflect a change in the registered offi I in this of this change	ce address, I hereby a	confirm that the limited liabi	lity company has been
nouved	in wrung of this change.	sistant Secretary		
Signatur		DISCOULT DECLE COLY		