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2525 COLLEGE STREET #1303, LLC

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19042122625 From: Fisher Tousey Leas Ball

H20000098154

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. 1	Na	me of the limited liability company:	4358 Timuquana R	oad #13	S, LLC				
2. (a	ı)	501 Riverside Avenue, Suite 600		(b	501 Riversi	de Avenue, Suite 600	I		
	., .	Principal office address of limited lia (Note: MUST BE STREET A		_ (-	М	failing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)			
		Jacksonville, Florida 32202		-	Jacksonville	, Florida 32202		····	
		October 4, 2012		~	L1200012704	4			<u> </u>
3.		Date of filing/registration in	1 Florida	4.	E	Document number			
5. (a)	Fisher, Tousey, Leas & Ball, P.A.							
<i>J</i> . (μ,	Registered Agent and Registered Office sho	wn on the records of th	e Florida	Dept, of State;				
		818 North ATA, Suite 104						21	
(b)	Registered Office Address (MUST BE F	LORIDA STREETA	DORESS	2		~ • • •	2020 APR		
		Ponte Vedra Beach	FL_	32082				-	
	5)	Linda Lanier			• + • • •			PH	ند
		Enter name of <u>NEW Registered Agent</u> and	for <u>NEW Registered (</u>	Office ad	<u>dress</u> :			1: 06	`` ` '
		1618 Atlantic Beach Drive							
		NEW Registered Office Address:		-					
		Atlantic Beach	. FL	32233					

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.

Linda Lanier, as Authorized Representative

Printed or typed name of signee

Finds family Signalute of a metaber of authorized representative of a member

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 multiple of the change in the registered office. notified in writing of this change.

Signature of Registered Agent

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