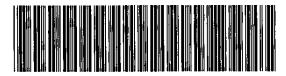
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| (Requestor's Name) | | | | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | | | |
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| Certified Copies | _ Certificate: | s of Status | | | | | |
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| Special Instructions to | Filing Officer | | | | | | |
| Opecial metrocuons to | Timing Offices. | | | | | | |
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COVER LETTER ~

| • • | TO: Registration Section Division of Corporations | | | | | | | |
|----------------|---|--|-------------------|---|--|--|--|--|
| | SUBJI | SUBJECT: River Road Discovery, 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: | | | | | | | |
| | Doro | thy A. Carlton | • | | | | | |
| Name of Person | | | | | | | | |
| | River Road Discovery, LLC | | | | | | | |
| | Firm/Company | | | _ | | | | |
| | 3161 River Road North | | | | | | | |
| | | Address | | | | | | |
| | Gree | n Cove Springs, FL 32043 | | | | | | |
| | - | City/State and Zip Code | | _ | | | | |
| | | nouse04@comcast.net | | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | | | |
| | For fu | rther information concerning this matter, | please call: | | | | | |
| | Jona | than L. Hay | 904 | 355-0355 | | | | |
| | | 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 | Reg Div P.O | gistration Section rision of Corporations Box 6327 Rhassee, Florida 32314 | | | | |
| | | Enclosed is a check for the following amount: | | | | | | |
| | | □ \$25 Filing Fee | □ \$5 | 5 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.

| 1. | Na | me of the limited liability company: River Road Dis | scover | y, LLC | |
|--|---|--|--|---|---|
| 2. (| a) | Principal Address | (h | Mailing A | Address |
| ۷. ر | ω, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0 | | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | 3161 River Road North | | 3161 Riv | er Road North |
| | | Green Cove Springs, FL 32043 | _ | Green C | ove Springs, FL 32043 |
| | | 02/05/2013 | | L1300001 | 8615 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. | (a) | Registered Agent | | | |
| ٥. | (4) | Registered Agent and Registered Office shown on the records of th | e Florida | Dept. of State | : |
| | | Frazier & Frazier, Attorneys at Law | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | <u>DDRESS</u> | <u></u> | Çm. |
| | | 1515 Riverside Ave., Suite A | | | |
| | | Jacksonville, FL 3 | 32204 | | DEC - |
| (| (b) | New Registered Agent | | | SSEE, F. |
| | | | | | |
| | | Jonathan L. Hay | | | FLORIUA |
| | | NEW Registered Office Address: | | | |
| | | 1548 Lancaster Terrace | | | |
| | | Jacksonville , FL | 32204 | | |
| the age: was the Si I he pro the to n noti | cha nt v /we arti gna erei obl nere ified | mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability of a member of a libin as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. | he registify control the limited limit | stered office ompany, it is ited liability iability com rothy A. Ca | and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany. ariton, Manager Printed or typed name of signee |