## 113000/09656

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	·*··· <u>-</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: September 14, 2018

Order#: 376770/016

Re: JSV LEASING III LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

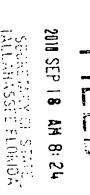
XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



## 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.

. (a)	387A Hemdon Avenue		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Orlando	FL 32803					
	08/02/2013		L13	000109656			
	Date of filing/registration i	n Florida	4.	Document num	ber		
(a)	C T Corporation System						
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	1200 South Pine Island Road						
	Registered Office Address (MUST BE	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Dinetakina			<del></del>	2018 SEI IALI		
	Plantation	, F	L_ 33324	· <del>-</del>			
b)	Corporation Service Company				SEP VIEW 438		
0)	Enter name of NEW Registered Agent and	Vor <u>NEW Registere</u>	d Office address:	<del>-</del> ,.	ည်းကို <b>က</b> ကြည့် <b>တ</b>		
	1201 Hays Street				2.5 2.5 2.5 <b>2.</b> 5		
	NEW Registered Office Address:			<del></del>	: <b>2</b> [		
				<del></del>			
	Tallahassee	rı	լ_ 32301				
		<u> </u>		<del></del>			
: li ba:	mited liability company is not organ nge or changes are made, the Florida	nized under the la	ws of the State	of Florida, it is hereby	confirmed that after		
ιys	all be identical. Or, in the case of a	Florida limited l	iability compan	<ul> <li>v. it is hereby confirm</li> </ul>	ed that the change(s)		
Иc	repauthorized by an affirmative vote	of the members	of the limited li	ability company or as	otherwise provided i		
	Val. C. C. C.	l .					
nay	are of a member or authorized representative	of a member	Jili Climi, A	Authorized Person Printed or typed no	ame of signee		
rah	by ascept the appointment as register ins of all statutes relative to the pro- gations of my position as registered by reflect a change in the registered in writing of the change	red agent and ag	ree to act in thi e performance o ed for in Chapte hereby confirm				