## L14000051215

(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
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(Document Number)							
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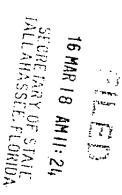
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MAR 20 2016 J SHIVERS





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: March 16, 2016

Order#: 047992/051

Re: MREIC JACKSONVILLE FLA, 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:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 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.

2. (2	a) _	3499 Route 9 North, Ste. 3C				
Ì	~ <i>)</i> -			(b)	3499 R	oute 9 North, Ste. 3C
3.		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		Freehold N. 07728		,	Freehold	, NJ 07728
3.		03/27/2014			L1400005	1215
		Date of filing/registration in Florida	— 4.			Document number
5. (	(a)	NRAI Services, Inc				•
<i>J.</i> (	(4)	Registered Agent and Registered Office shown on the records o	f the Fl	orida I	Dept. of State	*
		1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					•
		Plantation, F	L <u>3</u> 3	324		- <u>-                                  </u>
(	LN	Corporation Service Company				C
(	b) .	Enter name of NEW Registered Agent and/or NEW Registere	d Offic	e add	ress:	MAR MAR
						ASS.
		1201 Hays Street				
		NEW Registered Office Address:				AMII: 24 OF STAIL FRORID
						<b>&gt;</b>
		Tallahassee , F	L_32	301		•
the ager	cha nt w /we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members close of organization or the operating agreement of the	of the liabilit of the	regist y cor limi ted li	ered office npany, it is ted liability ability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
Si	gnat	ture of a member or authorized representative of a member	-	JIII C	IIIII, Autilo	Printed or typed name of signee
prov the to to m noti	visi obli iere ified	by accept the appointment as registered agent and agons of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.  The of Registered Agent Corporation Service Company	e perf led for I herei	orma in C by co	nce of my o hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept is, F.S. Or, if this document is being filed the limited liability company has been they, Asst. Vice President

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