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(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

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K.SALY EXAMINER JAN - 5

2804 Gateway Oaks Drive #200 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: December 28, 2015

AE: Nia Johnson

TO:

Florida Department of State

H1080

REFERENCE:

939283

PO Box 6327

Tallahasee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

J&H N MONROE STREET, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: PLEASE REGULAR MAIL FILED COPY TO:

PARACORP INCORPORATED ATTN: NIA JOHNSON 2804 GATEWAY OAKS DR. #200 SACRAMENTO, CA 95833

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Nia Johnson TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

COVER LETTER

TO;		stration Section ion of Corporations					
SUBJI	ECT:	J&H N MONROE STREET, LLC					
0000		Name of Limited Liability Company					
Dear S	ir or M	ladam:					
The en	closed	Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.			
Please	return	all correspondence concerning this	matter to the fol	llowing:			
NIA J	JOHN	SON					
		Name of Person		•			
PARA	ACOF	RP INCORPORATED					
		Firm/Company		•			
2804	GATI	EWAY OAKS DR. #200					
		Address		•			
SACI	RAME	NTO, CA 95833					
		City/State and Zip Code		•			
annu	alrepo	orts@myparacorp.com					
E	-mail	address: (to be used for future annu	al report notifica	tion)			
For fu	rther in	formation concerning this matter, p	lease call:				
NIA J	OHN	SON	800 at (909-3168			
		Name of Person		Area Code & Daytime Telephone Number			
	Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:							
	□ \$2	5 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHSI	8 (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	ame of the limited liability company:J&H N MOI	NROE S	TREET, L	LC			
(···) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	371 PIKE BLVD. #310		371 PIKE BLVD. #310				
	LAWRENCEVILLE, GA 30046		LAWRENCEVILLE, GA 30046				
	06/25/2014		L1400010	02007			
3.	Date of filing/registration in Florida	4.		Document numbe	r		
5. (a)							
()	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State	e:			
	CORPORATION SERVICE COMPANY				70		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET			-	2015 DEC 31		
				-	E C O	,	
	TALLAHASSEE , F	_{-L} 32301		_	callet and	1""	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	-d Office ad	duann	-	or STAIL	ָי י	
	Enter name of NEW Registered Agent and/or MEW Register	ea Omce sa	uress.		部門	S	
	PARACORP INCORPORATED				·		
	NEW Registered Office Address:		·-···	-			
	155 OFFICE PLAZA DRIVE 1ST FLOOR			_			
	TALLAHASSEE	32301					
the cha agent was/we the art Signa I here provise the obi	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an iffirmative vote of the members icles of arganization or the operating agreement of the true of a member or authorized representative of a member by accept the appointment as registered agent and completing of all statutes relative to the proper and completing in so of my position as registered agent as provided the proper and completing of the change in the registered office address, and in writing of this change.	aws of the regis liability cos of the limited l	State of Flostered office ompany, it is ited liability con the state of the state o	e and the business shereby confirmed y company or as of apany. Printed or typed num	office of the real that the change therwise provide of signee	gistered e(s) ed in	

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

Sharon Cooke, Assistant Secretary

Signature of Registered Agent