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## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations	•	• : ·	
SUBJECT: JLG WAREHOUSE LLC			
Name	e of Limited Lia	bility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and f	ee(s) are submitted for filing	<u>5</u> .
Please return all correspondence concerning this	s matter to the fo	ollowing:	
ROBERT A DUNCAN			
Name of Person	<del></del>	_	
DAYS INN			
Firm/Company		_	
1941 TAMIAMI TR			
Address		_	7ALLS
PORT CHARLOTTE, FL. 33948			AHAS TA
City/State and Zip Code	<u> </u>	<del>_</del>	20 P
FOREMOSTBS@HOTMAIL.COM			P P P OT
E-mail address: (to be used for future annual	ual report notific	cation)	
For further information concerning this matter,	please call:		U-
ROBERT A DUNCAN	941 at (	627-8900	
Name of Person	_ \	Area Code & Daytime Tele	ephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	istration Section ision of Corporations Box 6327 lahassee, Florida 32314	
Enclosed is a check for the following	amount:		
☑ \$25 Filing Fee	<b>□</b> \$5:	5 Filing Fee & Certified Cop	у

## STÄTEMENT 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. N	ame of the limited liability company: JLG WAREH	OUSE	LLC		
2. (a)	DAVSININI	(b) DAYS INN			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	Ma	ailing address of limited liability con (Note: MAY BE POST OFFICE B	
	1941 TAMIAMI TR		1941 TAN	MIAMI TR	
	PORT CHARLOTTE, FL. 33948		PORT CH	HARLOTTE, FL. 33948	
	06/26/2014		L14000102	2682	
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number	
5. (a	、HOLMES, DAVID A				
J. (a	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State:		
	FARR LAW FIRM			= ~	
	Registered Office Address (MUST BE FLORIDA STREET) 99 NESBIT ST	ADDRES	<u>(S)</u>	2016 JUN 20 SECKE TARY TALLAHASSE	7
	PUNTA GORDA , FL	33950	)	20 ( \$38) \$38)	
(b)	ROBERT A DUNCAN			등 장	D
	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress:		
	DAYS INN				
	NEW Registered Office Address:				
	1941 TAMIAMI TR				
	PORT CHARLOTTE , FI	3394	3		
the clagent was/v	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regiability of the li	istered office company, it is mited liability	and the business office of the hereby confirmed that the char company or as otherwise provpany.	registered .nge(s)
Sign	nature of a member or authorized representative of a member			Printed or typed name of signee	

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 notified in writing of this change.

Signature of Registered Agent