## L14000 103040

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations  |                |   |                |
|--|----------------|---|----------------|
| SUBJECT: JLG RESIDENTIAL HOLDI   | NGS I LLC      | ;   |                |
|  | ne of Limite   | d Liability Company   |                |
| Dear Sir or Madam:   |                |   |                |
| The enclosed Registered Agent/Registered Of  | fice Change    | and fee(s) are submitted for filing   | g.             |
| Please return all correspondence concerning the  | his matter to  | the following:  |                |
| ROBERT A DUNCAN  |                |   |                |
| Name of Person   |                | <del></del>   |                |
| DAYS INN   |                |   |                |
| Firm/Company   |                | <del></del>   |                |
| 1941 TAMIAMI TR  |                |   |                |
| Address  |                | <del></del>   |                |
| PORT CHARLOTTE, FL. 33948  |                |   |                |
| City/State and Zip Code  | ····           |   |                |
| FOREMOSTBS@HOTMAIL.COM   |                |   | Z≤ 28          |
| E-mail address: (to be used for future an  | nual report r  | notification)   | ZOIS J         |
| For further information concerning this matte  | r, please call | :   | UN 20<br>ETARY |
| ROBERT A DUNCAN  | 941<br>at (    | 627-8900  | To the         |
| Name of Person   |                | Area Code & Daytime Tel   | ephone:Number  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |                | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |                |
| Enclosed is a check for the following  | g amount:      |   |                |
| <b>☑</b> \$25 Filing Fee   | Ε              | 3 \$55 Filing Fee & Certified Co  | pv             |

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. N   | ame of the limited liability company: JLG RESIDE   | NTIAL  | HOLDING   | SILLC   |   |                                 |
|--|--|--|---|---|---|---------------------------------|
| 2. (a)   | DAVSINN  | (1   | DAYS I  | NN  |   |                                 |
| 2. (a)   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | _ (  |   | •   | f limited liability co<br><i>E POST OFFICE</i>                          |                                 |
|  | 1941 TAMIAMI TR  | _  | 1941 TA   | AMIAMI TR   |   |                                 |
|  | PORT CHARLOTTE, FL. 33948  | _  | PORT  | CHARLOTTE   | E, FL. 33948  |                                 |
|  | 06/26/2014   |  | L140001   | 03040   |   |                                 |
| 3.   | Date of filing/registration in Florida   | 4.   |   | Document nu   | mber  |                                 |
| 5. (a)   | , HOLMES, DAVID A  |  |   |   |   |                                 |
| J. (a  | Registered Agent and Registered Office shown on the records of   | he Florid                                    | a Dept. of Stat   | e:  |   |                                 |
|  | FARR LAW FIRM  |  |   |   |   |                                 |
|  | Registered Office Address (MUST BE FLORIDA STREET)   | DDRES  | <u>S)</u>   | <del>-</del>  |   |                                 |
|  | 99 NESBIT ST   |  |   |   |   |                                 |
|  | PUNTA GORDA , FL   | 33950  | )   | _   | 75 29.  | •                               |
| (b)  | ROBERT A DUNCAN  |  |   |   | 2016 JUN<br>SECRET  | · 77                            |
| (0)  | Enter name of NEW Registered Agent and/or NEW Registered   | Office ac                                    | idress:   | _   | N 20  |                                 |
|  | DAYS INN   |  |   |   | T T   |                                 |
|  | NEW Registered Office Address:   |  |   | <del>-</del>  | 380]<br>32  |                                 |
|  | 1941 TAMIAMI TR  | <u>.                                    </u> |   | _   | <b>5</b> 9  |                                 |
|  | PORT CHARLOTTE , FL  | 33948  | 3   |   |   |                                 |
| the chagent was/w the ar Sign I herr provisite out to me notification. | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member or authorized representative of a member sions of all statutes relative to the proper and complete or a position as registered agent as provide rely reflect a change in the registered office address, I have of the statutes of this change. | the regability confirmation that the limited | istered offic<br>company, it is<br>nited liability<br>liability con<br>NDA M GF | e and the busing hereby confictive company or mpany.  ROTHER  Printed or typed pacity. I furthe | ness office of the rmed that the chas otherwise produced name of signee | e registered nange(s) ovided in |