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Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CIY JAMAICA ROYALE ASSOC. LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Scott THAYER Name of Person				
94 JAMAICA ROYALE ASSOC. LLC Firm/Company				
P.O. Box 243 Address				
E P SUM NH 03234 City/State and Zip Code				
STHAYER 77 @ GMAIL. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Scott THAYER at (603) 491-3090 Name of Person Area Code & Daytime Telephone Nur	— nber			
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 amount:				
\$25 Filing Fee \$ Certified Copy				

INHS18 (2/14)

Statement of Change of Registered Agent / Office - Limited Liability Company

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	me of the limited fiability company: 94 Jamaica R	toyale Associates LLC	
2.	(e)	Scott Thayer	(b) Scott Thayer	
٤.	(0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	
		77 New Rye Rd.	PO Box 243	
		Epsom, N.H. 03234	Epsom, N.H. 03234	
		10/23/2014	L14000165669	
3.		Date of filing/registration in Florida	Document number	
5	(a)	United States Corporation Agents, Inc.		
-	(4)	Registered Agent and Registered Office shown on the records of th	ne Florida Dept. of State:	
		13302 Winding Oaks Court		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
		Suite A		
		Tampa FI 3	33612	- 7
		Registered Agents Inc.		-
	(b)	Enter name of NEW Registered Agent and/or NEW Registered (Ž
		The region of the same of the	×	-
		3030 N. Rocky Point Dr.	·) 1)
		NEW Registered Office Address:		x
		STE 150A		-
		T	•	Ω
		lampa , FL	33607	
the age wa the	cha ent v s/we arti	inge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liable and the identical of the members of cles of organization of the operating agreement of the limited liable.	rs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) if the limited liability company or as otherwise provided in limited liability company. Scatt HAYER Printed or typed name of signee	
	itgna	ture of a member or authorized representative of a member	Printed or typed name of signee	
pro the to	obl meri meri meri	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete rigations of my position as registered agent as provided ely reflect a change in the registered office address, I have the registered office address. I have the registered of the registered	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am lamiliar with and accept of for in Chapter 605, F.S. Or, if this document is being filed bereby confirm that the limited liability company has been	
Sic	malu	Bill Havre - Assistan	i Secretai	
-1		Division of Corporations P.O. B	iox 6327 • Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)