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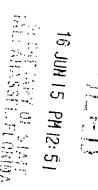
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					





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06/15/16--01005--026 **25.00



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: _JM GP LLC			*	
2. (a)	701 South Olive Avenue		(b) 701 South Olive Avenue		
÷ ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5)	Mailing a	address of limited liability company: MAY BE POST OFFICE BOX)	
	Suite 104		Suite 104		
	West Palm Beach FL 33401		West Palm Bea	ch, FL 33401	
	07/17/2015		L15000122867		
3.	Date of filing/registration in Florida	4.	Docun	nent number	
5; (a)	Jared A Stark				
<i>5</i> , (4)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:		
	701 South Olive Avenue				
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
				wang ber	
	Suite 104			<u>年</u> 第 赤	
	West Palm Beach ,FL	33401			
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address:	Office add	ress:	15 PM 2:51	
	Tallahassee , FL	32301			
the chi agent was/w the ant Signa	imited 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 lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the sture of a member of authorized representative of a member by accept the appointment as registered agent and agree	the registability confide the limited li	ered office and the appany, it is hereby ted liability company. William Printed Printed	y confirmed that the change(s) any or as otherwise provided in Manager or typed name of signee	
noung	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address; I light writing of this change in the registered office address; I light writing of this change. In of Registered Agent Corporation Service Company			and I am familiar with and accept Or, if this document is being filed ited liability company has been ssistant Vice President	

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