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TO MAY -1 PM 4: 37

MAY 0 2 2017 S. YOUNG

COVER LETTER

Division of Corporations						
SUBJECT: DRJ N LAKE, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
Brianne Inman						
Name of Person						
DRJ N LAKE, LLC						
Firm/Company						
2025 SW College Rd	=					
Address						
Ocala, FL 34471						
City/State and Zip Code						
binman@jenkinscars.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please	call:					
Brianne Inman	352 , 867-1800 ext 3540					
Name of Person	Area Code & Daytime Telephone 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 amount:						
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
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. Na	ame of the limited liability company: DRJ N LAKE	, LLC		
2. (a)	DRJ N LAKE, LLC		(b) DRJ N	LAKE, LLC
-: (-)	Principal office address of limited liability company:		(°)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) 10234 US HWY 441		2025 8	(<u>Note: MAY BE POST OFFICE BOX</u>) W COLLEGE RD
	LEESBURG, FL 34788		OCALA	, FL 34471
	12/19/2014		L160000	62018
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Mark L Ornstein			
. (-)	Registered Agent and Registered Office shown on the records of	the Flor	rida Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	ESS)	HAY -
	2 S ORANGE AVE 5TH FLOOR			
	ORLANDO ,FL	3280)1	PM 4: 3
(L)	MARK L ORNSTEIN			3
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	_
	NEW Registered Office Address:			_
	2822 REMINGTON GREEN CIRCLE			_
	TALLAHASSEE , FL	3230)8	_
	imited liability company is not organized under the la			
agent v	ange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ability of the l	company, it imited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in
	Birlin		RIANNÉ IN	• -
Signa	ture of a member or authorized repressurative of a member			Printed or typed name of signee
I herei provisi the obl to mero notified	by accept the appointment as redistered agent and agn ons of all statues relative to the proper and complete igations of my position as registered agent as provide ity reflect a shape in the registered office address, I i in writing afthis change.	ree to e perfol d for i hereby	act i <u>n this ea</u> mance of my n Chapter 60 v confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Regulaterial Agent			
G uará		n	.a.w m: #	F1 20214
	Division of Corporations P.O. I			88ee, F.L 32314