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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 1, 2020

Order#: 236356/003

Re: FIRST COAST SOUTHEAST, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25.

Please take the following action:

<u>XX</u>	File in	n your of	ffice	on	a r	outine	basis.	
<u>XX</u>	Issue B	Proof of	Filir	Ŋ.				
<u>XX</u>	Return	Regular	Mail	in	the	enclos	ed env	velope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

, 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.

FIDOT COACT CONTURACT 11 C

1	Name of the limited liability company: FIRST COAST	SOUTHEA	ST. LLC
2. (2) 6676 Corporate Center Parkway	(b)	6676 Corporate Center Parkway
((Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)
	Jacksonville FL 32216		Jacksonville, FL 32216
	May 25, 2016		L16000101555
3.	Date of filing/registration in Florida	4.	Document number
5. (a) NRAI Services, Inc		
5. (Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:
	1200 South Disc Island Bood		
	1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	
		11/1/10/04	
	Plantation	. 33324	
		. 00024	; ;
<i>(</i> 1	Corporation Service Company		і С.)
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	
	The name of the registered segme and of the registered		
			œ v
	1201 Hays Street	<u>.</u>	<u> </u>
	<u>NEW</u> Registered Office Address:		
	Tallahassee, FL	32301	
the c agen was/	Imited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lib were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	the registe ability com of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	Xie & aQuie	Jill Cili	mi, Authorized Person
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee

Thereby 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.

Junden M. Baronie Signature of Registered Agent Corporation Service Company BY: Lindsey M. Baronie, Asst. Vice President

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

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