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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

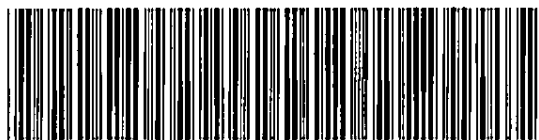
(Business Entity Name)

(Document Number)

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2018 SEP 2 AM 9:58

T. CLINE

SEP 26 2018

EXAMINER

16 SEP 25 PM 1:52

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 410924 7932413

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : September 25, 2018

ORDER TIME : 12:03 PM

ORDER NO. : 410924-025

CUSTOMER NO: 7932413

CHANGE OF AGENT

NAME: PJWRM FLORIDA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PJWRM Florida 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:

Lynn Reardon, Paralegal

Name of Person

Squire Patton Boggs (US) LLP

Firm/Company

201 E. Fourth Street, Suite 1900

Address

Cincinnati, OH 45202

City/State and Zip Code

adam.bulmer@w-one.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Reardon, Paralegal

513

361-1259

at (_____) _____

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

2010 SEP 29 AM 9:10

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. Name of the limited liability company: PJWRM Florida LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 05/10/2017 Date of filing/registration in Florida 4. L17000103615 Document number

5. (a) Gregory E. Young
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

c/o Squire Patton Boggs (US) LLP
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1900 Phillips Point West, 777 South Flagler Drive
West Palm Beach, FL 33401

(b) Stuart T. Kapp
Enter name of NEW Registered Agent and/or NEW Registered Office address:

c/o Kapp Morrison LLP
NEW Registered Office Address:
7900 Glades Road, Suite 550
Boca Raton, FL 33434

2016 SEP 20 AM 9:56

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Gregory E. Young, Authorized Signatory
Printed or typed name of signee

I hereby 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.

[Signature]
Signature of Registered Agent

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