Floridat Department of State Bivision of Corporations Electronic Filing Cover Sheet

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : MILAM HOWARD, ET.AL. Account Number: 120000000206 Phone : (904)357-3660 : (904)357-3661 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC REGISTERED AGENT CHANGE SPACE 42, LLC 0 Certificate of Status Certified Copy

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Corporate Filing Menu

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•	COVER L	ETTER		
TO: Registration Section Division of Corporations				
Space 42, LLC		,\		
	e of Limited Li	ability Company		
Dear Sit or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filling.		
Please return all correspondence concerning thi	s matter to the	following:		
G. Alan Howard				
Name of Person				
Milam Howard Nicandri Gillam & Renne	er, P.A.			
Firm/Company		,		
14 East Bay Street				
Address				
Jacksonville, FL 32202		;		
City/State and Zip Code				
ahoward@milamhoward.com				
E-mail address: (to be used for future annu	ual report notif	ication)		
For further information concerning this matter,	please call:			
Heather Durham	904	357-3660		
Name of Person		Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:		AILING ADDRESS:		
Registration Section		gistration Section vision of Corporations		
Division of Corporations Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Taliahassee, Florida 32301		llahassee, Florida 32314		
Enclosed is a check for the following	amount:			
□ \$25 Filing Fee	5 Filing Fee & Certified Copy			
INHS18 (2/14)				

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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.

/a\	2670 Phyllis Street	((b) 2670 Phyllis Street					
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Jacksonville, FL 32204	······································	03. 3€. 1	Malling address o (Note: MAY B sonville, FL 32	E POST O			
	10/26/2017			0222151				
	Date of filing/registration in Florida	4.		Document nu	mber			
(a)	Alan Howard	_						
	Registered Agent and Registered Office shown on the records 14 East Bay Street	s of the Florid	a Dept. of	State:	1	2#17		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	23		***	HC Y	•	
	Jacksonville	FL_32202			• •	30 &	1	
41.	Milam Howard Nicandri Gillam & Renner,	P.A.				5		
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office at	dress:			: ZZ		
						~/		
	14 East Bay Street							
	14 East Bay Street NEW Registered Office Address:		2.7	_ 				
	NEW Registered Office Address:	FL_32202	2 1	_ 				
cha ent y s/w arti	NEW Registered Office Address:	laws of the s of the reg d liability c rs of the lir the limited	State of stered of ompany, nited liab liability	trice and the busir it is hereby confi	iess offic rmed that as otherv	c of the t the cha vise prov	register nge(s)	
cha ent y s/w atti	NEW Registered Office Address: Jacksonvillo imited liability company is not organized under the large or changes are made, the Florida street address and the identical of the limited limits.	laws of the s of the reg d liability c rs of the lir the limited	State of stered of ompany, nited liab liability	ffice and the busir it is hereby confi- bility company or company.	rmed that as otherv	c of the t the cha vise prov ∋nt	registei nge(s)	
cha ent y s/w arti	NEW Registered Office Address: Jacksonvillo imited liability company is not organized under the large or changes are made, the Florida street address will be identical or, in the case of a Florida limited are authorized by an affirmative vote of the member cless of organization or the operating agreement of	laws of the sof the reg d liability crs of the limited G,	State of stered of empany, nited liab liability Alan H	it is hereby confi- it is hereby confi- polity company or company. oward, Authori- Printed or typed	rmed that as otherv zed Age	e of the that the chavise provent	register nge(s) vided in	

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