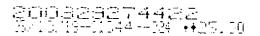
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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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S TALLENT MAY 2 9 2019



RIALA

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: LOUI Name of 1	Management LLC imited 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:					
Name of Person					
Brett Isa Firm/Company	<u> </u>				
2151 UNIVE Address Jacksonville City/State and Zip Code	VISITY Blod S				
Jacksonville	FC 32216				
•					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Batt Isaac at Name of Person	964 730 - 9264 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	S55 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.

rioriaa.	1 5 1 5 2	ſ	_
Name of the limited liability company:	4001 Ma	nagment	LLC
2. (a) 3813 university B	<u>vd</u> (b)	3813 Unive	rsity Blup
Principal office address of limited Hability com (Note: MUST BE STREET ADDRESS)	pany:	Mailing address of lim	
Jacksonville FL 32	_	<u> </u>	FL 32217
<u> </u>	74	1 4 3840 1 1111 1	,
	<u> </u>		
4/9/2018		L180600	88752
3. Date of filing/registration in Florida	4.	Document number	
5. (a) Eliny Kassab			
Registered Agent and Registered Office shown on the r	ecords of the Florida Dept. of	State:	
3813 university B	Wd.		20
Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)		SECT.
	<u> </u>		-
Jucksonville	FL 32217		Y 13 PM 4: 23
(b) Brett Tranc			PA FIN
(b) Drett) Saac Enter name of NEW Registered Agent and/or NEW R	anistared Office address:		,500 F.
			音 3
2151 University NEW Registered Office Address:	16/Vd 5		
NEW Registered Office Address:		<u></u>	
			
Jucksonville	FL_3221(
If the limited liability company is not organized undo			
the change or changes are made, the Florida street ad agent will be identical. Or, in the case of a Florida li			
was/were authorized by an affirmative vote of the me the articles of organization or the operating agreement	embers of the limited lia	bility company or as o	therwise provided in
the articles of organization or the operating agreement	E I	1	6
Signature of a member or authorized representative of a memb		Printed or typed nam	ne of signce
I hereby accept the appointment as registered agent	and agree to act in this	capacity. I further ag	ree to comply with the
provisions of all statutes relative to the proper and c the obligations of fire position as registered agent as to merely reflect a change lin/the registered office ad- notified by writing of this change.	provided for in Chapter tress. I hereby contirm	605, F.S. Or, if this a that the limited liabilit	locument is being filed v company has been
notified in writing of this change.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Signature si Registered Agent			
Division of Corporations	• P.O. Box 6327• Tall:	ahassee, FL 32314	

FILING FEE: \$25.00