

L18 000 250 155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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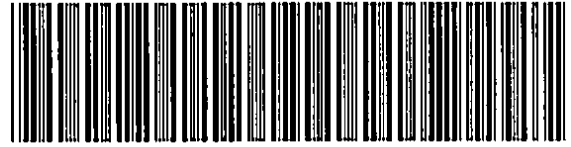
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL 21 AM 11:55

July 8, 2021

ERIKA DAZA
C/O CORPORATION SERVICE COMPANY
251 LITTLE FALLS DR.
WILMINGTON, DE 19808

SUBJECT: JACARANDA VILLAGE MANAGER LLC
Ref. Number: L18000250155

We have received your document for JACARANDA VILLAGE MANAGER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 021A00015523

**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: JACARANDA VILLAGE MANAGER LLC
2. (a) 801 OLD YORK ROAD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- JENKINTOWN, PA 19046
- 10/25/2018
3. Date of filing/registration in Florida
- (b) 801 OLD YORK ROAD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
- JENKINTOWN, PA 19046
- L18000250155
4. Document number
5. (a) NRAI SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
- PLANTATION, FL 33324
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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.

/s/ Michael Scully

Signature of a member or authorized representative of a member

Michael Scully, Authorized Person

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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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/s/ Michael Scully

Michael Scully, Authorized Person

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