Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000389396 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Ema	4	1	Address.	

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LLC REGISTERED AGENT CHANGE JBL GATEWAY PARCEL E LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

	egistration Section division of Corporations		
SUBJEC	JBL GATEWAY PARCEL E L	LC	
		Name of Limited	d Liability Company
Dear Sir o	or Madam:		
The enclo	sed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.
Please ret	urn all correspondence concernin	g this matter to t	he following:
Alicia Ric	hards		
	Name of Person		
Registered	Agent Solutions, Inc.		
	Firm/Company		
Corporate	Center One, 5301 Southwest Pkwy.	Stc 400	
	Address		Records 4
Austin, T	X 78735		
	City/State and Zip Co	de	
E-m	ail address: (to be used for future	annual report no	tification)
For furthe	er information concerning this ma	tter, please call:	
Alicia Ric	hards	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
R D P	failing Address: Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	nclosed is a check for the follow	ving amount:	
	\$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS18 (2	/(4)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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.

2. (a)	2028 HARRISON ST		(b)	2028 HA	RRISON S	T			
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing add		nited liabil POST OFF		-
	STF 202			STE 202					
	HOLLYWOOD, FL 33020			HOLLYW	OOD, FL	33020			
	5/9/2019		i.	.19000119	776				
3.	Date of filing/registration in Florida	4.	_		Documer	nt numb	er		
5. (a)	CORPORATION SERVICE COMPANY								
(u)	Registered Agent and Registered Office shown on the records of	the Flor	ida [Dept. of Stat	e:				
	1201 HAYS STREET								
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRE	:SS)	· ·	_			2	
								13	
	TALLAHASSEE	32301	-252	5	_			2024 NGY	
	, rt	·			_		:	25	
(b)	Registered Agent Solutions, Inc.						,	- 12	1 }
(-,	Enter name of NEW Registered Agent and/or NEW Registered	Office	addı	ess:	_			PH 1:3	فسا
	2894 Remington Green Ln.						<u> </u>	: 37	
	NEW Registered Office Address;				_				
	Ste. A								
	Tallahassee, F1	32308	; 		-				
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liar eauthorized by an affirmative vote of the members cales of organization or the operating agreement of the facel Khotoreki	registe ability of the l limited	ered com imit d lia	office an pany, it is ed liabilit	d the busi s hereby c y compan npany.	ness off confirme y or as o	ice of the	register change	ed (s)
Signat	ure of a member or authorized representative of a member	_			Printed or		ne of signe	· ·	
	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It	ee to a	ict ii	this cap	acity. 1 fu	orther ag	gree to co	mply wit	th the

Signature of Registered Agent