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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE JACKSONONE LLC

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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

11	oriae				
i.	Na	ame of the limited liability company: Jackson	One l	LLC	
2	(a)	7901 4th St N	(t	, 400 OC	EANGATE
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	M	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		STE 300		SUITE 750	
		St. Petersburg, FL 33702		LONG BE	EACH, CA 90802
		06/04/2020		L200001	46858
3.		Date of filing/registration in Florida	4.		Document number
5	(a)	TELOS LEGAL CORP			
٦.	(a)	Registered Agent and Registered Office shown on the records o	the Florid	a Dept. of State:	:
		155 OFFICE PLAZA DRIVE			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES!	<u>s)</u>	D.
					1
		TALLAHASSEE F	<sub>1.</sub> 3230:	1	
		TALLATIAGGLE	1,0200	<u></u>	1 12: 09
	(b)	Registered Agents Inc.			0
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			Q
		7901 4th St N			
		NEW Registered Office Address:			
		STE 300			
		Ct. Datarahura	2270	2	
		St. Petersburg	լ_3370		
th ay th	gent gent ges/w ne art Sign	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the autre of a member or authorized representative of a member	of the reg liability c s of the lir ne limited Ril	ompany, it is nited liability liability com ey Park	Printed or typed name of signee  acity. I further garee to comply with the
P H te	rovis ie ob mei	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	te perform led for in I hereby (	nance of my control of the confirm that	duties, and I am familiar with and accep b, F.S. Or, if this document is being filed the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent