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RHETT-RE	EMOUNT, LLC	00 A	00 APR -6 AM 10: 24		TO MILITA MILITON	~r- <b>3</b>		
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Principal Place of Business . Mailing Address LALL An 121 WEST FORSYTH STREET. SUITE 200 121 WEST FORSYTH STREET.					٥			
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address		I (BBILBI) DIS INTER MANY SANT SANT SANT SANT SANT SANT SANT SANT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
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City & State		City & State		4. FE) î	Number	<u> </u>	plied For t Applicable	}
Zip Country		Zip	Country	£ Carb	_ \$5.00 Additional			1
			1	]		Fee Required		1
****	6. Name and Address of Currer	nt Registered Agent	Name	7. Nam	e and Address of New Registered	Agent		-
F & L COI	RP							1
200 LAURA STREET				ess (P.O. Box N 	Number is Not Acceptable)			
	VILLE FL 32202-3520		-					
			City		F	Zip Code		1
								┨
8. The above	named entity submits this statement	tor the purpose of changing its	s registered office or regi	isterea agent,	or poin, in the state of Fightas.			1
SIGNATURE								
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	TE: Registered Agent signature rec	quired when reinstat	ing) DATE		<del></del>	$\frac{1}{1}$
		FILE N	OW!!! FEE IS \$50.0	00				
		Make Check Pa	ayable to Departmen	nt of State				
9.	MANAGING MEM	BERS/MEMBERS	10.		ADDITIONS/CHANGE	:S		1
TITLE	MGR	Deleta	TITLE	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	16
NAME	REGENCY REALTY GROUP, INC	<b>)</b> .	WAME	į				2E083 (9/99)
STREET ADDRESS City-St-Zip	121 WEST FORSYTH STREET, S JACKSONVILLE FL 32207	SUITE 200	SYREET ADDRESS CHY-ST-ZIP					88
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STEET ADDRESS Citt-St-Zip			STREEY ADDRESS CITY-81-Zip					
11 L hereby	I certify that the information supplied wi	ith this filing does not qualify fo	or the exemption stated in	n Section 119.	07(3)(i), Florida Statutes. I further co	ertify that the in	formation	1
indicated	I on this report is true and accurate an ability company or the receiver or trust	id that my signature shall have	the same legal effect as	if made unde	r oath; that I am a managing memi	per or manager	r of the	
		<b>.</b>	שאר ע האדייה	/N	41/11			
SIGNAT	URE: TOUR WELLEN	WOBE PARU	SKHIHA D. D.		4/4/00 90	4-596	-7000	
J. W. 1771		RINTED NAME OF SIGNING MANAGING	MEMBER OR MANAGER		Date	Daytime Phone #		
	<del></del>							

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