

MO/000000395

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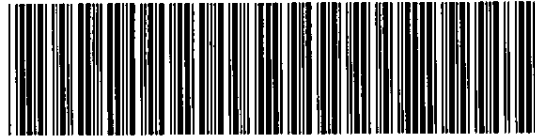
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**DATE: 04-17-2012**

**NAME: JACKSONVILLE REGENCY REAL ESTATE ASSOCIATES LLC**

**TYPE OF FILING: CHANGE OF REGISTERED AGENT**

**COST: \$25**

**RETURN:**

**FILED  
2012 APR 17 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Jacksonville Regency Real Estate Associates, LLC  
Name of Limited 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:**

**John Christel  
Name of Person**

**CorpAssist, LLC  
Firm/Company**

**1090 Vermont Avenue NW, Suite 910  
Address**

**Washington, DC 20005  
City/State and Zip Code**

**John@CorpAssist.com  
E-mail address: (to be used for future annual report notification)**

**For further information concerning this matter, please call:**

**John Christel at ( 202 ) 371-8090  
Name of Person 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

☐ \$55 Filing Fee & Certified Copy

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2012 APR 17 AM 9:15  
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CLERK OF SUPERIOR COURT

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Jacksonville Regency Real Estate Associates, LLC

2. (a) Principal office address of limited liability company: 10 New King Street

(Note: MUST BE STREET ADDRESS)

Suite 102  
White Plains, NY 10604

(b) Mailing address of limited liability company: same as above.

(Note: MAY BE POST OFFICE BOX)

2.21.2001

3. Date of filing/registration in Florida

M01000000395

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

National Corporate Research, Ltd.

Registered Office Address:

155 Office Plaza Drive  
Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

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.

[Signature]  
Signature of a member or authorized representative of a member

Bruce D. Lyons, Receiver  
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 608, 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.

by:

[Signature]  
Signature of Registered Agent

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

FILING FEE: \$25.00