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TO:

INHS18 (2/14)

Registration Section

Division of Corporations Marineland Research Resort LLC SUBJECT: 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: Karin Appling Name of Person Jacoby Development Inc. Firm/Company 8200 Roberts Drive, Suite 200 Address Atlanta, GA 30350 City/State and Zip Code kappling@jacobydevelopment.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 770 399-9930 Karin Appling Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **☑** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

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.

L Na	ame of the limited liability company: Marineland Re	esearch	Resort	LLC
2. (a)	8200 Roberts Drive, Suite 200	(b	same	
(_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0.	, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Atlanta, GA 30350	_		
	02-28-2003	_	M03000	000686
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Hadeed, Albert JP.A.			
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept, of Sta	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS,	2	
	4 Ocean Vista Lane			
	Palm Coast	32137		SECILLA TALLA
				LAID
(b)	No. of the second secon	ore l		
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>tress</u> :	
	James F. Jacoby			AMIO: 4
	NEW Registered Office Address:			-
	237 Marine Center Drive			
	Marineland, FL_	32080		_
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	the regis bility co f the lim limited li Jam	tered offic mpany, it ited liabili iability co nes F. Ja	tee and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. CODY Printed or typed name of signee

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