

1104000003347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

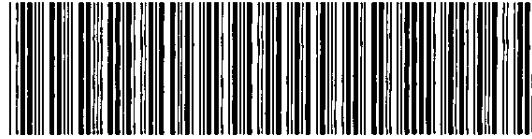
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/20/09--01002--016 **35.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

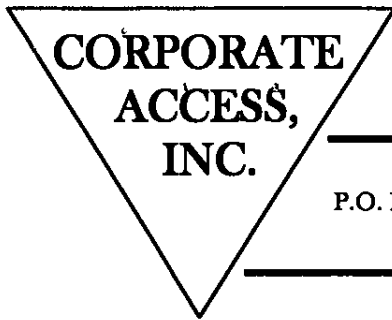
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B. KOHR

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EXAMINER



When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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Change of R.A.

1.

Jefferson Rd, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:

* See attached rejection for payment.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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October 20, 2009

CORPORATE ACCESS

resubmitting
11/04

SUBJECT: JEFFERSON RD., LLC
Ref. Number: M04000003347

We have received your document for JEFFERSON RD., LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 509A00033397

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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 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: JEFFERSON RD. LLC

2. (a) Principal office address of limited liability company: 1948 DAY DRIVE SUITE 528

☒ (Note: MUST BE STREET ADDRESS) DULUTH, GA 30096

(b) Mailing address of limited liability company: _____

☐ (Note: MAY BE POST OFFICE BOX) _____

08/16/2004 M04000003347
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: COMFORT SUITES HOTEL

Registered Office Address: 53 JEFFERSON ROAD
JACKSONVILLE FL 32225 US

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

NEW Registered Agent: PARACORP INCORPORATED

NEW Registered Office Address: 238 EASTH 6TH AVE

(MUST BE FLORIDA STREET ADDRESS) TALLAHASSEE FL 32303

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.

William B. Weatherford
Signature of a member or authorized representative of a member

William B. Weatherford - Manager

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.

NINH HO, ASST SECRETARY PARACORP INCORPORATED
Signature of Registered Agent

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

FILING FEE: \$25.00