Florida Department of State Division of Corporations

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TO:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850) 222-1092 Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE JASON PROPERTIES, LLC

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Corporate Filing Menu

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5/30/2014

dec 6/2

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 affice or registered agent, or both, in the State of Florida.

1. N a	ime of the limited liability company:	LLC					_
2. (a)		a	b)				
()	Principal office address of limited liability company: (Note: MIST BE STREET ADDRESS)	(М	siling address of limited lit (Note: MAY BE POST O			-
	11445 Croshill Drive						_
	Owings Mills, MD 21117			,	<u> </u>		_
	11/12/2004		M040000049	39			
3.	Date of filing/registration in Florida	4,	1	Document number ·			-
5. (a)	Corporation Service Company						
()	Registered Agant and Registered Office shown on the records of the Plorida Dept. of State			•			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	1201 Hays Street						
(b)	Tellabussee, F	L_32301					
	C T Corporation System						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					-	
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation	L 33324			Z.	هيد	
	, 1	L	 "			<u> </u>	.404-
if the i	limited liability company is not organized under the l	awe of th	e State of Flo	rida, it is hereby confi	rmed that	after	Î
agent '	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	liability o	company, it is	hereby confirmed tha	it the chan	g\$(\$)	5 <u></u>
W/LBW	ere authorized by an affirmative vote of the members	s of the lu	mited liability	/ company of as other	wise provi	ded in	: 1 - 1
ine eri	icles of organization or the operating agreement of the		•	•	· ``		2 1
	sture of a member or sutherized representative of a member	<u>K</u> II.	thryn A. Widd	Printed or typed name of	once	- = -	— '~
I here provis the obto mer notifies	by accept the appointment as registered agent and a lins of all statutes relative to the proper and cample ligations of my position as registered agent as providely reflect a change in the registered affice address, at in writing of this change.	gree to at le perfort ded for in I hereby				with the id acce ing file c been	e pi d
Signan	We of Registered Agent						

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

INHS11 (2/14)

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