## M05000003281

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
13/1					

Office Use Only



700080083217

10/03/06--01013--008 \*\*25.00

TILED

06 OCT -9 PH 3: 15

SECKETARSSEE, FLORID

RECEIVED

06 0CT -9 AM II: 01

/,	INC.	236 Fast 37066 (32315-706)	6th Avenue - Talla 5) == (850) 222		da 32303 )) 969-1666 .de	145 (850 H2)	1000
			WALK IN			17.396.6.EV	18 18 18 18 18 18 18 18 18 18 18 18 18 1
	сектичел сог Риотосору	PICK UP:	DM			JRIO F	
EJ M	CUS	Āα	1eal				
<b>(</b> .	MDJFLSF CORPORATENAMEAN	P CAP	401 A	sets,	140	Mo <u>s</u>	5-3281
2.	CORPORATE NAME AN	ID DOCUMENT II	.* ÷ ·,	<u>.                                      </u>		<u>*************************************</u>	
3.	CORPORA LE NAME À	- VD DOCUMENT II	·- · · · ·	<u>.</u>		<u> </u>	
1.	CORPORATE NAME À	ND DOCUMENT	))	···			4 A A A A A A A A A A A A A A A A A A A
5.	CORPORATE NAME A	THE WATER OF THE PROPERTY OF T	)	<u> </u>		A STATE OF THE STA	
3.	CORPORATE NAME A	ND DOCUMENT	<u>))                                   </u>	<u>-</u> . ,			
вресту	LINSTRUCTIONS:			- 	* · ·		

<u>ا الرائم ال</u> الرائم ال

## \* 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. The name of the limited liability company is: MDJFLSFP CAPITOL ASSETS, LLC					
2. The mailing address of the limited liability company is:					
60 EAST SIMPSON AVENUE, PO BOX 2869, JACKSON, WY 83001					
06/10/05		M05000003281			
3. Date of filing/registration	ion in Florida	4. Document number			
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:					
Florida Department of	MALLER, KAREN				
	Name ONE PROGRESS PLAZA, Address ST. PETERSBURG, FL 33 City, State and Z	701			
6. The name and address	of the new registered agent and/or	office:			
	PARACORP INCORPORATEI Name 236 East 6th ave Florida street address (P.O. Box				
	Tallahassee, FL 32	<del></del>			
	City, State and Zip	1			
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 of a member or authorized representative of a member)					
BRIT A !	AU/KNOWS				
(Printed or typed name of signee)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agent and ag is of all statutes relative to the pro d accept the obligations of my pos this document is being filed to mer that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.			

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

(Signature of Registeres Agent)