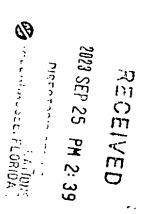
## M06000002041

	(Requestor's Name)						
(Address)							
(Address)							
	(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(Business Enlity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							
	J DENNIS						
	SEP 2 1 2023						

Office Use Only



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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 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.

1.	Na	me of the limited liability company: _	WIDEWATERS	JACKS	ONVILLE	COMPANY, LLC	
2. (		5845 Widewaters Parkway, Suite 100		(1	o)		
2. (	(4)	Principal office address of limited liab (Note: MUST BE STREET AD		_ (	-) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		East Syracuse, NY 13057		<u> </u>			
		04/11/2006			M060000	002041	
3.		Date of filing/registration in I	lorida	4.		Document number	
5	(2)	C T Corporation System					
5. (a	(α)	Registered Agent and Registered Office shows	tate:				
		1200 S. Pine Island Road					
		Registered Office Address (MUST BE FL					
						_ <del>_</del>	
		Plantation	ដ្ឋា	33324	33324		
			, , , , ,			<del>_</del>	
(	(b)						
		Enter name of NEW Registered Agent and/or					
		Corporation Service Company					
		NEW Registered Office Address:					
		1201 Hays Street					
			·				
		Tallahassee	, FL	32301		<del></del>	
char ager was	nge nt w /we	or changes are made, the Florida street	t address of the porida limited lia the members of	registere bility co f the lim	ed office a mpany, it ited liabil	Florida, it is hereby confirmed that after the and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
		/s/ Jill Cilmi		Jill (	Cilmi, Aut	horized Person	
	_	ure of a member or authorized representative of				Printed or typed name of signee	
prov the d	visio obli 1ere	ons of all statutes relative to the proper gations of my position as registered ag ly reflect a change in the registered of	l agent and agre · and complete p vent as provided lice address, I h	ee to act performa for in C ereby ca	in this ca ance of m hapter 60 anfirm tha	pacity. I further agree to comply with the y duties, and I am Jamiliar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been	
noti	fied	in writing of this change.	Co	rporati	on Serv	ice Company	
Sign	natur	e of Registered Agent	Am	ni M. C	asper, A	sst. Vice President	