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DEPARTMENT OF REVENUE  
16 APR 26 PM 4:29

APR 27 2016  
J. BRUCE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 117231 7867190

AUTHORIZATION :

COST LIMIT : \$ 254.00

ORDER DATE : April 26, 2016

ORDER TIME : 3:56 PM

ORDER NO. : 117231-010

CUSTOMER NO: 7867190

CHANGE OF AGENT

NAME: TIC PARK CENTRE 5, LLC

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CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TIC Park Centre 5, LLC  
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:

★ Jordon Jackson  
Name of Person

★ 1 Park Centre 5, LLC  
Firm/Company

★ 2638 Clearcrest Lane  
Address

★ Leebrook, Ca 92028  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

★ Jordon Jackson at ( 760 ) 731-0800  
Name of Person Area Code & Daytime Telephone Number

## STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

## MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: TIC Park Centre 5, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida

4. Document number

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

17888 67th Court North  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Loxahatchee, FL 33470

(b) Corporation Service Company

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

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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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 operating agreement of the limited liability company.

Signature: Jordon Jackson

Printed or typed name of signee: Jordon Jackson

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 605, 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.

Signature of Registered Agent: Susan Evahan

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