## M07000002711

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	f Status			
Special Instructions to Filing Officer:					
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Office Use Only



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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 3/29/2019		**WALK IN
NTITY NAME NC JACK	SONVILLE OFFICE SUITE LLC	
OCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
<xxxx< td=""><td>Plain Copy</td><td></td></xxxx<>	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	<del></del>
OUNTRY OF DESTINATI NUMBER OF CERTIFICAT		
TOPPOLA OF CEATIFICATI	-0 VLKNIO1 LV	
OTAL OWED \$25.00	СНЕСК #5954	_

## 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. No	me of the Ilmited liability company: NC Jacksonv	ville Offic	ce Sulte LI	LC		
2. (a)	•	(b	)			
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	14 Franklin Street, Sulte 800		14 Franklin Street, Suite 800			
	Rochester, NY 14604		Rochester, NY 14604			
•	5/8/2007		M070000	02711		
3.	Date of filing/registration in Florida	4.		Document num	iber	
s (-)						
5. (a)	Rogistered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	1		
	Incorporating Services, Ltd					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	•		
	1540 Glenway Drive				•	
	Tallahassee , F	<sub>L</sub> 32301				
•					grants	
(b)	Enter name of NEW Registered Agent and/or NEW Registere			-		
•	Enter name of NEW Registered Agent and/or NILW Registere	d Ullice Ad	oress:			
	United Corporate Services, Inc.			_	29 129	
	NEW Registered Office Address:			-		
	9200 South Dadeland Blvd. Ste. 508			-		
					6.5	
	Miami , F.	<sub>L</sub> 33156		_	- B.	
the chagent was/w the art Signar I here provis the obtomer notifie	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the solution of a member or authorized representative of a member of a member or authorized representative of a member	of the regiliability confine limited elimited elimited gree to accept for in I hereby confined f	stered office ompany, it is in the liability con the liability con the liability contract of my Chapter 60: confirm that	e and the busines hereby confirm y company or a many.  Printed or typed	ess office of the registered med that the change(s) so therwise provided in	