## 

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nar	ne)					
(Do	ocument Number)						
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							

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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**
ENTITY NAME JAC JAC	KSONVILLE OFFICE SUITE LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxxx	Plain Copy Certified Copy	
	Certificate of Status	
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$25.00	CHECK #_5954	
Please call Tina at th	e above number for any issues or concerns. Thank you s	so much!

## 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.

i. Na	me of the limited liability company: JAC Jackson	ville O	ffice Suite LLC	<u> </u>	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u>-</u> ۱	Meili (2)	ing address of limited lial ote: MAY BE POST OF	bility company: FICE BOX)
	14 Franklin Street, Suite 800		14 Franklin	Street, Suite 800	)
	Rochester, NY 14604		Rochester, NY 14604		
	5/8/2007		M07000002712		
3,	Date of filing/registration in Florida	4.	Do	cument number	
c (-)					
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:	•	
	Incorporating Services, Ltd				
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRE.	<u>22)</u>		
	1540 Glenway Drive				
	Tallahassee, FL	3230	1		12 T T T BY 00 PM 8: 00
					阿盖
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	ddvess		型为了
	Blifer name of 14E by Registered Agent and 14E by Registered	Ome	ipprogr		55
	United Corporate Services, Inc.				三型公 至
	NEW Registered Office Address:				2. 69
	9200 South Dadeland Blvd. Ste. 508				92 B
					<u> </u>
	Mlami , FL	,3315	6		
the chragent was/w the art Signa I here provis the obtoner notifie	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the little of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did no writing of this change.	f the regability of the limited limited are to a reffor in hereby	gistered office an company, it is he imited liability company of the liability company of the liability company of the liability company of the liability continuity of the liability of the liab	nd the business office breby confirmed that company or as otherway.  Lunter Substitute of substitute	e of the registered the change(s) rise provided in