## M31000002713

(Re	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





800327111628

03/29/19--01007--008 \*\*335.00



1 Challe

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

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

DATE 3/29/2019			
	•	<b>*W</b> AL	K IN**
ENTITY NAME WAVERL	YWOOD JACKSONVILLE OFFICE SUITE LLC		
DOCUMENT NUMBER_			
	**PLEASE FILE THE ATTACHED AND RETURN**		
xxxxx	Plain Copy	201	
	Certified Copy		五
	Certificate of Status	019 MAR 29	₽¥Ř.
		<u> </u>	
	75 95	1 :8 1	
**Pi	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	=	
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINATION	DN		
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$25.00	снеск #_ 5954		
Please call Tina at the	r above number for any issues or concerns. Thank you so mu	ich!	

## 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: Waverlywood	Jackso	onville Office Sulte LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Malling address of limited (Note: MAY BE POST		
	14 Franklin Street, Suite 800		14 Franklin Street, Suite 8	00	
	Rochester, NY 14604	_	Rochester, NY 14604		
	5/8/2007		M07000002713		
3.	Date of filing/registration in Florida	4.	Document number		
5 (5)				2019 MAR SECRET	
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State:		2
	Incorporating Services, Ltd			높말 중	1122
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	<u>· · · · · · · · · · · · · · · · · · · </u>	<b>29</b>	E
	1540 Gleпway Drive				0
	Tallahassee , FL	32301		H.08:4	
	, , , ,	·		を	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			Ç'	
.,	Enter name of NEW Registered Agent and/or NEW Registered	Office nd	dress:		
	United Corporate Services, Inc.		·		
	NEW Registered Office Address:				
	9200 South Dadeland Blvd. Ste. 508		· · · · · · · · · · · · · · · · · · ·		
	Miami , FL	33156			
the che agent v was/we the arti Signa  I here provisi the obi to mer notific	imited liability company is not organized under the law unge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lizere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the will be to a member or authorized representative of a member of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, it is of Registered Agent.	the reginability confirmated limited l	stered office and the business off company, it is hereby confirmed the sited liability company or as othe liability company.  Printed or typed name of the in this capacity. I further agree ance of my duties, and I am jamic Chapter 605, F.S. Or, if this doconfirm that the limited liability confirm that the limited liability confirming the liability confirming the liability confirming that the limited liability confirming the liability con	ice of the registered nat the change(s) rwise provided in	

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