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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 DAG	C JACKSONVILLE OFFICES SUITE LLC	
DOCUMENT NUMB	ER	22
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COUNTRY OF DEST	,	
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TOTAL OWED \$25	.00 СНЕСК #_ 5954	
Please call Tina	at the above number for any issues or concerns. Thank	you 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.

1. N	nme of the limited liability company: DAC Jackso	nville Offic	es Suite	LLC		
2. (a)		(b)_				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, ,	(b) Malling address of limited liability company: (Note: MAY BE POST OFFICE BOX)			ny:)
	14 Franklin Street, Suite 800	1	14 Franklin Street, Suite 800			
	Rochester, NY 14604	Rochester, NY 14604				
	5/8/2007	М	0700000	2715 .		
3.	Date of filing/registration in Florida	4.		Document number	141.	2019 MAR
5. (a)	Registered Agent and Registered Office shown on the records of incorporating Services, Ltd	f the Florida D	ept, of State:		200 A 100 A	AR 29
•	Registered Office Address (MUST BE FLORIDA STREET 1540 Glenway Drive	(ADDRESS)				AM
	Tallahassee , F	_L 32301			35A	- 1
(b)	Enter name of NEW Registered Agent and/or NEW Registere United Corporate Services, Inc.	ed Office addre	<u>:33:</u>			
	NEW Registered Office Address:					
	9200 South Dadeland Blvd. Ste. 508					
	Miaml, F	L_33156	 			
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lycre authorized by an affirmative vote of the members ticles of organization or the operating agreement of the member of the member of authorized representative of a member or authorized representative of a member	aws of the S of the registe liability com of the limite limited lia	pred office pany, it is ad liability bility comp	and the business off hereby confirmed the company or as other pany. Boote 5 Printed or typed name of the confirmed or typed name of typed name	ice of the renat the chang rwise provid	gistered (c(s) led in
N	seby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet digations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change. M. Chall. DAM.	gree to det and the performant of the led for in Challet I hereby con	t this cupa ice of my d apter 605, firm that th	city. I further different utles, and I am fami F.S. Or, If this doc he limited liability o	to compy with and ument is bein ompany has	l accept ny filed Been