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

Office Use Only



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D. BROCE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: December 27, 2013

Order#: 922249-359

Re: JACKSONVILLE MEDICAL PLAZA 5, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

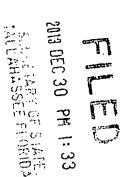
Attn: Elizabeth Dawson c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA



STATEMENT OF, CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: <u>JACKSONVII</u>	LLE MEDICAL PLAZA 5, LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 750 B. Street, Suite 1220 San Diego, CA 92101	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	750 B. Street, Suite 1220 San Diego, CA 92101	
02/29/2008	M0800000994	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State: \Xi	2 1
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
	<u> </u>	<u>র</u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:	
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee ,FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the buase of a Florida limited liability company, by an affirmative vote of the members of the	usiness it is e limited
(Signature of a member or authorized representative of a member)		
Dona Priebe, Authorized Person (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my positions of my positions. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified by: By: (Signature of Registered Agent)	gree to act in this capacity. I further agree oper and complete performance of my dutic as registered agent as provided for in Cha change in the registered office address, I ha in writing of this change.	e to es, and I pter 608, ereby
Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)