## M0800001044

(Requestor's N	Name)
(Address)	
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(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document Nu	umber)
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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#: 922249-375

Re: JACKSONVILLE MEDICAL PLAZA 13, LLC

Enclosed please find:

XX 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.

QUCA.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	: JACKSONVIL	LE MEDICAL PLAZA 13, L	LC		_
2. (a) Principal office address of limited (Note: MUST BE STREET AD	l liability company:  DRESS)	750 B. Street, Suite 1220 San Diego, CA 92101			<del>-</del>
(MOST DE STREET TOPRESS)	<u> </u>		2500	<u></u>	_
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	y company:	750 B. Street, Suite 1220 San Diego, CA 92101	<u> </u>	030	
	San Diego, CA 92101	<u> </u>	<u> </u>	— i se etrega	
			m <sub>Cl</sub>	~0	— 
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03/04/2008	<del></del>	M08000001044	<u> </u>	<u>: ۲۰</u>	_ 3
3. Date of filing/registration in Florida	· 4	. Document number	RIDA	<u>ت</u> .	
5. (a) Registered Agent and Registered	Office shown on th	ne records of the Florida Dept	-	::	
Registered Agent:		NRAI Services, Inc.			_
Registered Office Address:	1200 South Pinc Island Road Plantation, FL 33324	1		<del>-</del>	
					- -
(b) Enter name of <u>NEW Registered</u>		Registered Office address: Corporation Service Compan			
NEW Registered Agent:		Corporation Service Compan	. <u>y</u>		_
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street			_	
	ADDRESSI	Tallahassee	,FL_323	01	_ _
If the limited liability company is not orgethat after the change or changes are made office of the registered agent will be identhereby confirmed that the change(s) was liability company or as otherwise provide limited liability company.  (Signature of a member or authorized representative of	e, the Florida street ntical. Or, in the can were authorized by ed in the articles of	address of the registered offices	ce and th	e busi nv. it i	ness
(0.8					
Dona Priebe, Authorized Person (Printed or typed name of signee)					
I hereby accept the appointment as regis comply with the provisions of all statutes am familiar with and accept the obligation of this document is being filed to confirm that the limited liability company by:  By:   Angle A. A.	stered agent and ag s relative to the pro- ons of my position to o merely reflect a c y has been notified	ree to act in this capacity. I per and complete performance is registered agent as provide hange in the registered office in writing of this change.	further a te of my d ted for in ( address,	gree to luties, Chapt I hero	o and I er 608, eby
(Signature of Registered Agent)	•				

Elizabeth A. Dawson, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (05/08)