## M880000 1081

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JANOS 2011 BRICE



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#: 922249-355

Re: JACKSONVILLE MEDICAL PLAZA 3, 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:	JACKSONVILLE MEDICAL PL	AZA 3, LLC
2. (a) Principal office address of limited li (Note: MUST BE STREET ADD	bility company: 750 B. Street, Sur San Diego, CA 9:	te 1220 2101
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE)	ompany: 750 B. Street, Sui San Diego, CA 9:	
03/06/2008	M08000001081	
3. Date of filing/registration in Florida	4. Document numb	per
5. (a) Registered Agent and Registered O	fice shown on the records of the F NRAI Services, I	
Registered Agent:		
Registered Office Address:	1200 South Pine Plantation, FL 33	
(b) Enter name of <u>NEW Registered As</u> <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	ent and/or NEW Registered Office  Corporation Servi  1201 Hays Street	
MUST BE FLORIDA STREET A	Tallahassee	,FL 32301
If the limited liability company is not organ that after the change or changes are made, office of the registered agent will be identichereby confirmed that the change(s) was/w liability company or as otherwise provided limited liability company.  (Signature of a member or authorized representative of a	ne Florida street address of the regal. Or, in the case of a Florida lim re authorized by an affirmative von the articles of organization or the	istered office and the business ited liability company, it is to of the members of the himited
Dona Priebe, Authorized Person (Printed or typed name of signee)		
I hereby accept the appointment as registe comply with the provisions of all statutes ram familiar with and accept the obligation F.S. Or, if this document is being filed to reconfirm that the limited liability company of the compa	ed agent and agree to act in this c lative to the proper and complete p of my position as registered agent erely reflect a change in the regist as been notified in writing of this c	apacity. I further agree to performance of my duties, and I as provided for in Chapter 608, ered office address, I hereby hange.
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice Pre		

**FILING FEE: \$25.00**