

M08000001082

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

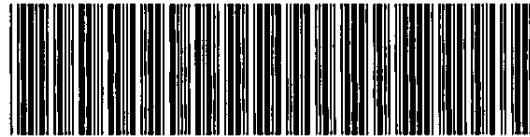
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800254772278

12/30/13--01023--025 \*\*25.00

FILED  
2013 DEC 30 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JAN -6 2014



CORPORATION SERVICE COMPANY

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#: 922249-357

Re: JACKSONVILLE MEDICAL PLAZA 4, 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 PLAZA 4, LLC

2. (a) Principal office address of limited liability company: 750 B. Street, Suite 1220  
San Diego, CA 92101

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

750 B. Street, Suite 1220  
San Diego, CA 92101

03/06/2008

M08000001082

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:

Registered Agent:

NRAI Services, Inc.

Registered Office Address:

1200 South Pine Island Road  
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Corporation Service Company

**NEW** Registered Office Address:

1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(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 agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: [Signature]  
(Signature of Registered Agent)

Elizabeth A. Dawson, Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**