M08000004542

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



200266922182

12/19/14--01033--010 **25.00

14 UEL 10 BM 5:31

CV 3914



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 17, 2014

Order#: 409832-051

Re: JCMF, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Lindsey Lockard

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 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	ame of the limited liability company: <u>JCMF, LLC</u>		
2. (a)		(b) _	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12201 Bluegrass Parkway		
	Louisville, KY 40299		
	10/09/2008	M	108000004542
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		- Cd Plackia Day	C C
	Registered Agent and Registered Office shown on the records	of the Florida Dej	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	1200 South Pine Island Road		7 Neg
	Plantation ,	FL <u>33324</u>	SECRETARY NISION OF CO
41.	Comparation Commission Commission		19 F C0
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Register	red Office addres	
	The hand of the weekered Agent and of the weekered	tu Omet guares	9 PH 2: 31
	1201 Hays Street		31 100
	NEW Registered Office Address:		
	Tallahassee,	FL_32301	
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the company	of the registere liability comp s of the limited he limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Signa	ture of a camber or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as proviely reflect a change in the registered office address, d in writing of this change.	ngree to act in i le performanci ded for in Cha I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatu	re of Registered Agent Corporation Service Company	BY: Sylvi	a Queppet, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00