**Division of Corporations** 

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(((H17000107065 3)))



H170001070653ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAN PROFESSIONAL SERVICES COA

Account Number : J20160000009

: (770)/77-2091

rax Number

(7/0)220-1943

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE RT WEST POINT JAX, LLC

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HARRIS

## (((H170001070653))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR ALL 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.

X · /		(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)
	90 PARK AVENUE, 32ND FLOOR		
	90 PARK AVENUE, 32ND FLOOR	90 PARK AVENUE, 32ND FLOOR	
	NEW YORK, NY 10016		W YORK, NY 10016
	12/22/2009	M09	000005013
	Date of filing/registration in Florida	4.	Document number
(a)			
(11)	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:
	CORPORATION SERVICE COMPANY		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1201 HAYS STREET		. د هست
	TALLAHASSEE	32301-2525	
	TALLAHASSEE , FL		
(h)	,		<b>三</b> (1)
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
			<b>ಹ</b> 👼
	NRAl Services, Inc.		<b> </b>
	NEW Registered Office Address:		<b>₩</b> 54.
	1200 South Pine Island Road		<del></del>
	Plantation , FL	_ 33324	