

MIZ000004445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

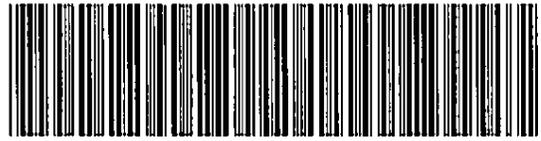
(Business Entity Name)

(Document Number)

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

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UNITED STATES DEPARTMENT OF JUSTICE

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JULINGTON SQUARE ONE, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhonda Kent  
Name of Person

Stafford Development Company  
Firm/Company

1805 US Hwy 82 West  
Address

Tifton GA 31793  
City/State and Zip Code

rhondakent@stafforddev.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Kent at (229) 386-0552  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

2013 JUL 16 PM 2:25

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: JULINGTON SQUARE ONE, LLC

Enter new principal office address, if applicable: 1805 US HWY 82 WEST

(Principal office address

MUST BE A STREET ADDRESS)

TIFTON GA 31793

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

P.O. Box 269

Tifton GA 31793

2. The Florida document number of this limited liability company is: M12000004445

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/07/2012

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

*Enter Florida Street Address*

Plantation

Florida

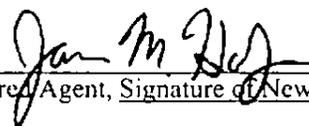
33324

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 605, 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.*



James M. Halpin  
Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

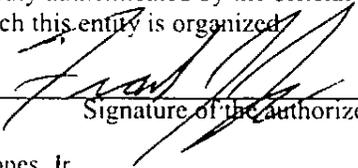
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

*11/11*  
*Pg. 2: 25*

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u>             | <u>Type of Action</u>                      |
|------------------------|-------------|----------------------------|--|
| MGRM                   |             | 1301 Riverplace Blvd #1900 | <input type="checkbox"/> Add               |
|                        |             | Jacksonville, FL 32207     | <input checked="" type="checkbox"/> Remove |
| MGRM                   |             | 1805 US Hwy 82 West        | <input checked="" type="checkbox"/> Add    |
|                        |             | Tifton, GA 31793           | <input type="checkbox"/> Remove            |
|                        |             |                            | <input type="checkbox"/> Add               |
|                        |             |                            | <input type="checkbox"/> Remove            |
|                        |             |                            | <input type="checkbox"/> Add               |
|                        |             |                            | <input type="checkbox"/> Remove            |
|                        |             |                            | <input type="checkbox"/> Add               |
|                        |             |                            | <input type="checkbox"/> Remove            |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative

Frank J. Jones, Jr.

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**