

MIZ 000004445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

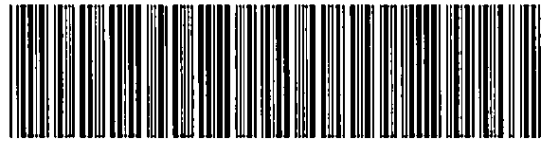
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ORIGINAL - FILING OFFICE - FEE PAID

RECEIVED
FEB 25 2020

O SIMMONS

OCT 01 2020

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 (I-4 must be completed)

JUL 14 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

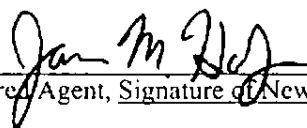
33324

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

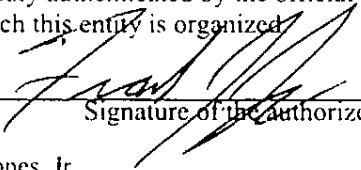
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

P. 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