

M12000007050 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

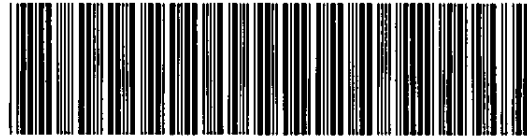
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/02/13--01005--026 **25.00

FILED
2013 DEC -2 PM 4: 57
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC - 5 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAXSPE1, 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:

F. Thomas Hopkins

Name of Person

Icard Merrill

Firm/Company

2033 Main Street, Suite 600

Address

Sarasota, FL 34237

City/State and Zip Code

julieboyle@sdrdevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

F. Thomas Hopkins

Name of Person

at (941) 953-8109

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

RECEIVED
TALLAHASSEE, FLORIDA

2013 DEC -2 PM 4:57

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: JAXSPE1, LLC

2. Jurisdiction of its organization: Kansas

m/2000007050

3. Date authorized to do business in Florida: December 18, 2012

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____

5. New name of the limited liability company: _____
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: _____

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

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: Incorrect statement: Legend Senior Properties, LLC as Manager. The Manager is and has at all times been

Lawrence ALF Investments, LLC, a Florida limited liability company. Address initially filed is correct.

9. Attached is an original certificate, 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.

F. Thomas Hopkins
Signature of a member or the authorized representative of a member

F. Thomas Hopkins

Typed or printed name of signee

Filing Fee: \$25.00

2013 DEC -2 PM 4:57
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6766729

Entity Name: JAXSPE1, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

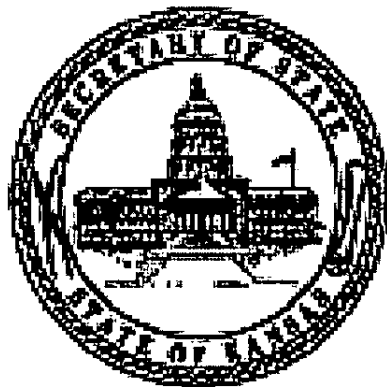
Resident Agent: GEORGE C BRUCE

Registered Office: 100 N BROADWAY ST STE 500, WICHITA, KS 67202

was filed in this office on December 13, 2012, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

2018 DEC -2 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 26, 2013

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 594092 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.