

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GREENSPOON HARDER, P.A.
Account Number : 076064003722
Phone : (258) 491-1120
Fax Number : (954) 343-6962

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

Email Address: jmillier@elrhinvestments.com

**LLC REGISTERED AGENT CHANGE
JACKSON SQUARE GP, LLC**

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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**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. Name of the limited liability company: Jackson Square GP, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

4890 W Kennedy Blvd., Ste 240
Tampa, FL 33609

4890 W Kennedy Blvd., Ste 240
Tampa, FL 33609

04/10/2013

M11000092256

3. Date of filing/registration in Florida

4. Document number

5. (a) ATA Property Management, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4890 W Kennedy Blvd., Suite 240
Tampa, FL 33609

(b)

Joseph G. Lubek

Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address

11911 US Highway 1, Suite 201
North Palm Beach, FL 33408

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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