## M14000004389

(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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D. BRUCE MAY 19 2021

## COVER LETTER

TO: C Registration Section Division of Corporations	٠,		- e <sup></sup>
SUBJECT: ETS Willowbrook at Marion LLC			
	e of Lir	mited Li	ability Company
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ce Char	nge and	fee(s) are submitted for filing.
Please return all correspondence concerning thi	s mattei	r to the f	following:
Brittney Nibert			
Name of Person			<del></del> ,
Kephart Fisher LI.C			
Firm/Company			
207 N. Fourth St.			,: °C
Address			
Columbus, OH 4325			MEAHASS
City/State and Zip Code			
eamonburgess@gmail.com			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E-mail address: (to be used for future ann	ual repo	ort notifi	cation)
For further information concerning this matter,	please o	call:	
Eamon Burgess	at (	614	440-4393
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	amoun	ıt:	
□ \$25 Filing Fee		■ S5	55 Filing Fee & Certified Copy

## 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.

2. (a)		(b)	o)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1309 Neil Ave.		1309 Neil Ave.		
	Columbus, OH 43201		Columbus, OH 43201	_	
	June 20, 2014	i	M14000004389		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records		<del></del>		
	Registered Agent and Registered Office shown on the records CT Corporation System	of the Florida	a Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<u> </u>		
	1200 S. Pine Island Rd.				
	Plantation	FL 33324	2021 MAR	7	
				۱ مو	
(b)	Enter name of NEW Registered Agent and/or NEW Registe	red Office add	Idress:	. : 🕽	
	Emer name of NEW Registered Agent and/or NEW Register	red Office add	Idress:		
	Jon S. Burgess				
	NEW Registered Office Address:				
	1580 S. Marion Ave.				
	Lake City	FL_32025			
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of t	the registered I liability corrs of the limithed limited limit	ed office and the business office of the register ompany, it is hereby confirmed that the change nited liability company or as otherwise provide liability company.	red :(s)	
jon	D. Burgess	Jon S	S. Burgess		
_	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi	by accept the appointment as registered agent and cons of all statutes relative to the proper and completigations of my position as registered agent as provi	ete performa	ance of my duties, and I am familiar with and i	acce	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Oon X Burgess Signature of Registered Agent