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Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

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## LLC REGISTERED AGENT CHANGE WARAMAUG DAYTONA LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rursu submi Floric	ts the following statement in order to change its r	10, Florida Statules, the undersigned limited liability company registered office or registered agent, or both, in the State of
1. Name of the Limited Liability Company:		JG DAYTONA LLC
2. (a)	2500 N MILITARY TRAIL, SUITE 275	(b) 2500 N MILITARY TRAIL, SUITE 275
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON FL, 33431	BOCA RATON FL, 33431
	8/7/2014	M14000005656
3.	Date of filing/registration in Florida	4. Document number
5. (a)	CT CORPORATION SYSTEM	
P. (M)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
	1200 SOUTH PINE ISLAND ROAD	
	Registered Office Address (MUST BE FLORIDA STRRE	TADDRESS)
	PLANTATION F	न् <sub>र</sub> 33324
	, ,	<b>4</b> 5.0
<b>(b)</b>	Capitol Corporate Services, Inc.	rel Office address:
~ *.	Enter name of NEW Registered Agent and/or NEW Registers	
		<b>ふ</b> 弱激
	155 Office Plaza Dr Ste A	
	NEW Registered Office Address:	🖷 🖫 က
		<b>\$2</b>
		<b>10</b> \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	Tallahassee , F	TL_32301
ihe chi igent v was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited.	nws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in the limited liability company.
	ature of a member or authorized representative of a member	Printed or typed name of signee
I here provisi he obi to mer notifie	by accept the appointment as registered agent and a ions of all statules relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act in this capacity. I further agree to comply with the le performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
Signali		Fischer, Assistant Secretary on
~igimit	Derial	If of Capitol Corporate Services, Inc.
		. Box 6327 • Tallahassee, FL 32314

INHS18 (2/14)