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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

| Email | Address: | <br> | <br> |  |
|-------|----------|------|------|--|
|       |          |      |      |  |

## LLC REGISTERED AGENT CHANGE FOCUS JCR MAGNOLIA GROVE, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## COVER LETTER

| TO:       | Registration Section Division of Corporations  |   |  |  |  |  |  |
|-----------|--|---|--|--|--|--|--|
| SUBJE     | FOCUS JCR MAGNOLIA GROVE   | , L.LC  |  |  |  |  |  |
|           | Name of Limited Liability Company  |   |  |  |  |  |  |
| Doar Si   | r or Madam:  |   |  |  |  |  |  |
| The end   | losed Registered Agent/Registered Off  | ice Change and fcc(s) are submitted for filing.   |  |  |  |  |  |
| Please r  | eturn all correspondence concerning th   | is matter to the following:   |  |  |  |  |  |
| Jessica I | Lepari   |   |  |  |  |  |  |
|           | Name of Person   |   |  |  |  |  |  |
| FOCUS     | JCR MAGNOLIA GROVE, LLC  |   |  |  |  |  |  |
|           | Firm/Company   |   |  |  |  |  |  |
| 7938 Iva  | anhoe Ave, Suite B   |   |  |  |  |  |  |
|           | Address  |   |  |  |  |  |  |
| La Jolla, | CA 92037   |   |  |  |  |  |  |
|           | City/State and Zip Code  |   |  |  |  |  |  |
| jessica@  | )tfgdev.com  |   |  |  |  |  |  |
| E-        | mail address: (to be used for future ann   | ual report notification)  |  |  |  |  |  |
| For furtl | her information concerning this matter,  | please call:  |  |  |  |  |  |
| Jessica L | еригі  | 619 491-9200<br>at ( )  |  |  |  |  |  |
|           | Name of Person   | 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  | япоинт:   |  |  |  |  |  |
| I         | S25 Filing Fee   | □ \$55 Filing Fee & Certified Copy  |  |  |  |  |  |
| INH\$18 ( | (2/14)   |   |  |  |  |  |  |

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

Presuant 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.

| i. Na                             | ame of the limited liability company: FOCUS JCR MA  | ACNOLIA GRO   | OVE, LI.C   |  |
|-----------------------------------|---|---|---|--|
| ) (a)                             | •   | (b)   |   |  |
| -, (4),                           | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | (0)   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |  |
|                                   | 2174 SHARP COURT  | 3347 WEST BEARSS AVENUE   |   |  |
|                                   | FERN PARK, FL 32730   | TAMPA. Fl. 33618  |   |  |
|                                   | 09/08/2014  | M140  | 00006364  |  |
| ¥                                 | Date of filing/registration in Florida  | 4.  | Document number   |  |
| . (a)                             |   |   |   |  |
| . (4)                             | Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM   | the Florida Dopt.   | of State:   |  |
|                                   | Registered Office Address GAUST ISK FLORIDA STREET.   | ADDRESS)  |   |  |
|                                   | 1200 SOUTH PINE ISLAND ROAD   |   | TALL SE   |  |
|                                   | PLANTATION ,FL  | 33324   | F 8   |  |
|                                   |   |   |   |  |
| (b)                               | Enter name of NEW Registered Agent und/or NEW Registered  |   | SSE 6   |  |
| (11)                              | Enter name of NEW Registered Agent and/or NEW Registered  | Officondarese:  | TIG S   |  |
|                                   | C T Corporation System  |   | 2016 NOV 16 AM 11: 48 SEURE JARY OF STATE TALLAHASSEE, FLORIDA  |  |
|                                   | NEW Registered Office Address:  | ······································                                    | e e e e e e e e e e e e e e e e e e e   |  |
|                                   | 1200 South Pine Island Road   |   |   |  |
|                                   | Plantation , FL   | 33324   |   |  |
| he cha<br>gent was/we<br>he arti- | imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lierc authorized by an elliphative yet of the members of cles of organization of the operating agreement of the ture of a member of authorized representative of a member. | f the registered<br>ability compar<br>of the limited l<br>limited liabili | office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in the company.  Bringed or typed name of single     |  |
| C I C                             | by accept the appoilinnent as registered ugont and agi<br>ons of all statutes felative to the proper and complete<br>igations of my putition as registered agent as provide<br>ely reflect a change in the registered office address. It<br>is writing of this change<br>apporation System  | ree to act in the<br>performance of<br>d for in Chapte<br>hereby confirm  | is capacity. I further agree to comply with the of my duties, and I am funtilian with and acceper 605, F.S. Or, if this document is being filed a that the lindual liability campany has been |  |

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