

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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	Office Use On	



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: October 13, 2017

Order#: 857771-064

Re: SOHO JACKSONVILLE TRS LLC

Enclosed please find:

XX _ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. N	ame of the limited liability company: SOHO JACKSO	NVILLE	RS LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	410 W. Francis Street Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Williamsburg, VA 23185	_	Williamsburg	ą, VA 23185		
3.	06/09/2015 Date of filing/registration in Florida	- _{4.} –	M1500000456	02 cument number		
J.	Date of filling/registration in Profita	4.	יטכו	cument number		
5. (a)						
	Registered Agent and Registered Office shown on the records of the	he Florida l	Dept, of State:			
	1200 South Pine Island Road					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					-4	
					A SE	
	Plantation .FL	33324			OCT 18	71
(b)	Corporation Service Company				77. i-4	m
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		AH 9: 08	ED
	1201 Hays Street					
	NEW Registered Office Address:					
	Tallahassee	32301				
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	ys of the S the regist bility con f the limit limited lia	ered office and apany, it is her ed liability co ability compan	d the business of reby confirmed to impany or as oth my.	ffice of the reg that the change	sistered e(s)
Signa	ture of a member or authorized representative of a member	Jili Ci	lmi, Authorized	o Person nted or typed name	of signee	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change. The of Registered Agent Corporation Service Company	performa I for in Ci vereby coi	n this capacity nce of my dutionapter 605, F., nfirm that the i	v - I further agre	ee to comply w niliar with and cument is bein company has l	ith the accept g filed Seen