M 5000007188

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
wrong form				
Office Use Only				



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10/01/18--01023--007 **35.00



OCT 23 2018



October 6, 2018

ROD HUBBARD 7000 MAE ANNE AVE OFC RENO, NV 89523

SUBJECT: JAX CEDAR CREEK, LLC

Ref. Number: M15000007188

We have received your document for JAX CEDAR CREEK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 218A00020848

NALLYH SSELF LO

COVER LETTER

TO: Registration Section Division of Corporations					
JAX Cedar Creek LLC					
	lame of Limited!	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change an	d fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the	e following:			
Rod Hubbard					
Name of Person					
Aviana at Tuscany					
Firm/Company					
7000 Mae Anne Ave OFC			-2		
Address			211 OCT 23		
Reno, NV 89523			CT 2		
City/State and Zip Code	e		Silit 70 [1]		
accounting@goldelm.com			PH 3: 84		
E-mail address: (to be used for future a	annual report not	ification)	변인 주		
For further information concerning this matt	er, please call:		ŕ		
Vanessa Bertuca	775	747-7500			
Name of Person	\) Area Code & Daytime Telep			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	ing amount:				
☑ \$25 Filing Fee	<u> </u>	\$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.

1. N	ame of the limited liability company: Jax Cedar Ci	reek LL	.C		
2. (a)	200 Maltese Cir OFC	((b) 7000 Mae Anne Ave OFC		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	Fern Park, FL 32730		Reno, N	V 89523	
	June 12, 2013	_	20131346		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Michael Moses			_	
	Registered Agent and Registered Office shown on the records of 12443 SAN JOSE BLVD.	f the Florid	la Dept, of Stat	- e:	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u>(S)</u>		
	Jacksonville, FI	32223			
(b)	Rod J Hubbard			27 23 T	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ldress</u> :	P M	
	200 Maltese Cir OFC			500 th 500	
	<u>NEW</u> Registered Office Address:			Qn F	
	Fern Park	32730		-	
	FI	L	·	-	
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the reg iability e of the lir c limited	istered office ompany, it i nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany.	
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob- to mer notifie	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent approvide elv reflect a change in the registered office address, I d in writing of this change.	ree to ac e perforn ed for in hereby c	et in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	

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