

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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

Email	Address:				
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LLC REGISTERED AGENT CHANGE WESTERN B SOUTHEAST FL, LLC

Certificate of Status	0
Certified Copy	1
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Help

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.

l. Na	me of the limited liability company:	JTHEAST FL, LLC	C
	Two North Riverside Plaza Suite 2350		
(-) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Chicago, IL		
	60606		
	10/6/2015	M15	000007975
3.	Date of filing/registration in Florida	4.	Document number
5. (ย)			
). (H)	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State;
	CORPORATION SERVICE COMPANY		
	Registered Office Address OMUST BE FLORIDA STREET	ADDRESS)	
	TALLAHASSEE, FL	32301	18 18 16 16 16 16 16 16 16 16 16 16 16 16 16
	, 1 1-	·	
(b)			
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	BOLL H
	C T Corporation System	SSEE FLORING	
	NEW Registered Office Address:		2
	1200 South Pine Island Road		
	Plantation , FL	33324	
he cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered ability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Eggin for	Stephanie	
-	ure of a member or authorized representative of a member		Printed or typed name of signee
provisie the obli to mere notified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change. Supposition System James HTanks III	nermance	'ni my mines' ana i am iaminar wan ana acceoi
	re of Registered Agent		

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

Ву