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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/21/2019		
	Merritt Walker		
	1077706		
		NERS JACKSONVILLE II LLC	
Article	s of Incorporation/Authorizat	ion to Transact Business	
Amen	dment	019 H	
Change	ge of Agent	2019 HAY 21	1,12,00
☐ Reinst	atement	1	C
Conve	ersion	9: 04	
☐ Merge	er	्रायाः भ ा	
☐ Dissol	ution/Withdrawal		
Fictition	ous Name		
Other			
Authorized A	mount:\$25		
Signature:			

F: 800.944.6607

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.

2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	No Change		No Cha	inge	_		<u> </u>
	January 4, 2016			M16000	00003	9	
3.	Date of filing/registration in Florida	4,		Document nu	mber		
5. (a)	Corporation Service Company						
(4.7	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:			
	1201 Hays Street						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2				
	Tallahassee, Fi	32301	-2525	- -		2019 HAY	**.
(h)	COGENCY GLOBAL INC.					721	13.4 13.4 13.4 13.4
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office add	lress:	_		Ξ:	- Bûğ
	115 North Calhoun St.				351	ခဲ့	C
	NEW Registered Office Address:					40	
	Suite 4		····	_			
	Tallahassee, Fl	32301		_			
the cha agent v was/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited la tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis iability co of the lim	stered offic impany, it ited liabili	ce and the busir is hereby confi ty company or	ness office rmed that t	of the	registered ange(s)
	/S/ Yu-Tien Augustine Lu Y			Yu-Tien Augustine Lu			
•	ure of a member or authorized representative of a member		·	Printed or typed	_		
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change. m Mayville	ree to act performed for in C hereby co	in this cap ince of my hapter 60 onfirm that	pacity. I furthe, duties, and I a 95, F.S. Or, if th t the limited lia.	r agree to m familiar his docume bility comp	compl with ent is l pany h	ly with the and accept being filed as been

Tim Mayville, Assistant Secretary

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

Signature of Registered Agent