

M16000002122

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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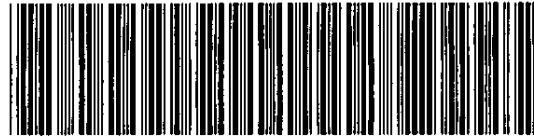
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**DATE: 8/17/16**

**NAME: CROSS DEVELOPMENT CC JACKSONVILLE BEACH, LLC**

**TYPE OF FILING: CHANGE OF AGENT**

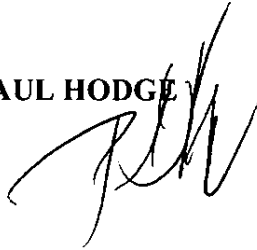
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CROSS DEVELOPMENT CC JACKSONVILLE BEACH, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILTON VONG

\_\_\_\_\_  
Name of Person

PARACORP INCORPORATED

\_\_\_\_\_  
Firm/Company

2804 GATEWAY OAKS DR #200

\_\_\_\_\_  
Address

SACRAMENTO, CA 95833

\_\_\_\_\_  
City/State and Zip Code

mars@myparacorp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILTON VONG

888

886-7166

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 amount:

☒ \$25 Filing Fee

☐ \$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. Name of the limited liability company: CROSS DEVELOPMENT CC JACKSONVILLE BEACH, LLC

2. (a) 5317 INVERRARY DRIVE (b) 5317 INVERRARY DRIVE  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
PLANO, TX 75093 PLANO, TX 75093

3. 03/14/2016 4. M16000002122  
Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

BYRD CAMPBELL, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

180 PARK AVENUE NORTH STE 2A

WINTER PARK, FL 32789

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

PARACORP INCORPORATED

NEW Registered Office Address:

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Steve Rumsey  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature] SHARON COOKE, ASSISTANT SECRETARY  
Signature of Registered Agent

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

FILED  
2016 AUG 17 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA