

m16000005338

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000202751 3)))



H160002027513ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)873-5368

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEANCURT JACKSONVILLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2016 AUG 16 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 16 A 4:01

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

AUG 17 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEANCURT JACKSONVILLE LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Briggs
Name of Person

Aspen Square Management, Inc.
Firm/Company

380 Union Street, Suite 300
Address

West Springfield, MA 01089
City/State and Zip Code

stephanie_briggs@aspensquare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Briggs at (413) 439-6380
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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DEANCURT JACKSONVILLE LLC

Enter new principal office address, if applicable: 21 Ramah Circle
Agawam, MA 01001
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 21 Ramah Circle
Agawam, MA 01001
(Mailing address MAY BE A POST OFFICE BOX)

2016 AUG 16 A 9 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2. The Florida document number of this limited liability company is: M16000005338

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 30, 2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____ Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The Manager of the company has changed to Deancurt Realty Group, Inc.

Title/ Capacity	Name	Address	Type of Action
Manager	Nepsa Manager LLC	380 Union Street, Suite 300	<input type="checkbox"/> Add
		West Springfield, MA 01089	<input checked="" type="checkbox"/> Remove
Manager	Deancurt Realty Group, Inc.	21 Ramah Circle	<input checked="" type="checkbox"/> Add
		Agawam, MA 01001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Dean F. Curtis

Signature of the authorized representative

Dean F. Curtis, President of Deancurt Realty Group, Inc., Manager

Typed or printed name of signer

Filing Fee: \$25.00

2016 AUG 16 A 9:01
FILED
SECRETARY OF STATE
FLORIDA