## MIGOCOCO 8318

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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2017 OCT -9 PH 1: 2:



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 5, 2017

Order#: 843802-007

Re: JBRE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX \_\_ Check in the amount of \$25 \_\_.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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)	8150 N. Central Expressway, Suite M1008	(b)	(b) 108 Townpark Drive NW				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Kennesaw, GA 30144				
	Dallas, TX 75206	<del>-</del>					
	10/17/2016		M160000	08318			
	Date of filing/registration in Florida	4.		Document nun	nber		
(a)	C T Corporation System						
( )	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	- e:			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS		-			
				•	<b>7</b> 22		
	Plantation , FL	33324		-	2017 OCT		
(b)	Corporation Service Company			_	- <b>9</b>	Redua	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:				
	1201 Hays Street					tr. = 1	
	NEW Registered Office Address:			-	'a-''' <b>.an</b>		
				-			
	Tallahassee , FL	32301		_			
e cha ent was/we	imited 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 lia tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regis ability con f the limi limited li	ered office npany, it is ted liability ability con	e and the busing s hereby confirm y company or a npany. Authoriz	ess office of the reg med that the change	gistere e(s) ed in	
Signat	ture of a member or authorized representative of a member		.5 5 10		name of signee & Se		
herel ovisi e obli	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have	ee to act performa i for in C	in this cap nce of my hapter 605 nfirm that	acity. I further	agree to comply w	rith th	