

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.

(((H19000211585 3)))



H1900021158534BC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:			
	Division of Cor	rporations	•
	Fax Number	: (850)617-6383	,
Frem:			
	Account Name	: C T CORPORATION SYSTEM	
	Account Number	: FCA000000023	
	Phone	; (614)280-3338	
	Fax Number	: (954)208-0845	•
			e T
••Enter	the email addres	s for this business entity to be used for fo	uture
••Enter	the email addres	s for this business entity to be used for fings. Enter only one email address please.**	uture

## LLC REGISTERED AGENT CHANGE RFII JACKSONVILLE JV LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

INHS18 (2/14) FLOIS - 625/2019 Water All wer Colore

## 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.

STOLL STATES THE TRAIL OF

. (2)		(p)	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: M4) BE POST OFFICE BOX
	No change	No a	change
	10/21/2016	M160	000008421
	Date of filing/registration in Florida	4,	Document number
, (a)	Joseph G Luiteck		
. (4)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:
	11911 US Highway 1, Suite 204		
	Registered Office Address (MIUST BE FLORIDA STREE	T ADDRESSI	
	Nonh Palm Beach	33408	
(b)	C T Corporation System		72
(*)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	PH
	1200 South Pine Island Road		
	NEW Registered Office Address:		<del>)</del> -
	Suite 250		
	Plantation	FL <sup>33324</sup>	
he ch	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited or authorized by a differentiate your of the member	laws of the State of the registered liability compares of the limited	d office and the business office of the registered thy, it is hereby confirmed that the change(s) liability company or as otherwise provided in
was/w the an	ticles of organization or the operating agreement of t	James Mi	iller
was/was/was/was/was/was/was/was/was/was/	ature of a member authorized representative of a member	James Mi	Printed or typed name of signee
was/was/was/was/was/was/was/was/was/was/	ature of a member authorized representative of a member	James Mi	Printed or typed name of signee
was/was/was/was/was/was/was/was/was/was/	ticles of organization or the operating agreement of t	James Mi	Printed or typed name of signee

FILING FEE: \$25.00

meson bright of the first is a construction of the second of the second