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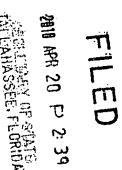
(Requestor's Name)						
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PICK-UP	WAIT	MAIL				
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(Document Number)						
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUB.	JCM INVESTMENTS OF O	KLAHOMA	, L.L.C.	
	Nam	e of Limited	Liability Company	
Dear	Sir or Madam:			
The e	enclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing	ç.
Pleas	e return all correspondence concerning th	is matter to th	ne following:	
MIC	HAEL A. MARSHALL			
	Name of Person			
JCM	I INVESTMENTS OF OKLAHOMA,	L.L.C.		
	Firm/Company			書 升
8009	9 S. I 35 SERIVCE ROAD			当男20
-2	Address			1.2
OKL	AHOMA CITY, OK 73149			F. C. 22
	City/State and Zip Code			39
LAL	VAREZ@OKRIGFAB.COM)2.
	E-mail address: (to be used for future ann	ual report no	tification)	
For f	urther information concerning this matter,	please call:		
LAU	RA ALVAREZ	405 at (632-3301	
	Name of Person	u (Area Code & Daytime Tele	phone 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 Cop	у

INHS18 (2/14)

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. N	ame of the limited liability company:	MENTS	OF OKLAHOMA	A, L.L.C.
2. (a)		(b)	
()	Principal office address of limited liability company:	<u> </u>	Mailing add	ress of limited liability company:
	(Note: MUST BE STREET ADDRESS) 8009 S. I 35 SERVICE ROAD		(<u>Note: M</u> 8009 S I 35 SER	AY BE POST OFFICE BOX
	0009 3.1 33 SERVICE ROAD	_	0009 5 1 35 SER	TVICE ROAD
	OKLAHOMA CITY, OK 73149		OKLAHOMA CIT	TY, OK 73149
	5/4/2017		M17000003849	
3.	Date of filing/registration in Florida	4.	Documen	nt number
5. (a	CT CORPORATION SYSTEM			
5. (a	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	Σ	
	PLANTATION	33334		
	FLANTATION , FI	133324		
(b)	MICHAEL A. MARSHALL			M 20
` '	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	iress:	
	1839 61st STREET			CF C
	NEW Registered Office Address:			39
	SARASOTA, FI	L ³⁴²⁴³		
the chagent was/v the ar Sign I her provi. the obto me	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the latter of a member or authorized representative of a member sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I seed in writing of this change	of the registability of of the limited	stered office and the ompany, it is hereby cuited liability companiability company. CHAEL A. MARSH Printed or	business office of the registered confirmed that the change(s) by or as otherwise provided in HALL r typed name of signee further agree to comply with the
Stenat	ture of Registered Agent			