## M170000007844

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2017 OCT 17 PH 2:57

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JSF Rosery Road	ПС
	Limited Liability Company
Dear Sir or Madam:	Company
The enclosed application, certificate and fee(s) as	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Tina Reynolds	
Name of Person	<del></del>
Johnson Smith Hibbard and Wildma	n Law
Firm/Company	
220 N Church St., Ste 4	
Address	<del></del>
Spartanburg, SC 29306	
City/State and Zip Code	
lsimmons@johnsondevelopment.net	
E-mail address: (to be used for future annual re	
For further information concerning this matter, ple	
	<sub>(2</sub> 864) 582-8121
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:  \$\Begin{align*} \text{S25 Filing Fee} & \times \text{S30 Filing Fee & Certificate of Status}  \$\text{CR2E055 (9/15)}\$	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## 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 appear	rs on the records of the Florid	a Department of		
State: JSF Rosery Road, LLC		•		
Enter new principal office address, if applicable:				
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			15 cm	1017 (107
2. The Florida document number of this limited lia	bility company is: M1700	0007844	· ·	7
3. Jurisdiction of its organization: South Care	olina			Uò an
4. Date authorized to do business in Florida: 09-			1	60 
SECTION II (5-9 complete only the applicable c	changes)			
New name of the limited liability company: (must	contain "Limited Liability C	ompany, " "L.L.C	," or "LL	<del>C."</del> )
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company." "L.L.C	laving members adopting the	business in Flori alternate name. T	ida and atta he alternate	eh a e name
6. It amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our recor	ds, enter the name	e of the nev	<u>N</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	da Street Address	•	
<del></del> -	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Reg	•		zip Coae	
I hereby accept the appointment as registered agen	asicieu Agent: t and agree to act in this can	acity. I further ago	ree to comi	alv 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.

Title/ Capacity	<u>Name</u>	Address	Type of Action
Manager 	JSF Management, LLC	100 Dunbar St., STE 400	
		Spartanburg, SC 29306	Remov
lanager	JSF Management of SC, LLC	100 Dunbar St., STE 400	<b>.</b> [a]Add
		Spartanburg, SC 29306	Remove
· <del></del>		<del></del>	Add
			Remove
<del></del>			Add
			Remove
<del></del> -			Add
			Remove
atorementions	ider the law of which this entity is orga	y the official having custody of records in the anized.	2817 OCT 1:
	_ Dan C	f the authorized representative  Pres de C.  Inted name of signee	17 PH 2:5

Filing Fee: \$25.00