170000, 10049

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Creation Instructions to Siling Officer:								
Special Instructions to Filing Officer:								
Office Use Only								

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: January 20, 2020

Order#: 145066-002

Re: A4J GP LLC

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$25.00.

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: Meghan Groom 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

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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.	Na	me of the limited liability company: <u>A4J GP LLC</u>						
2	(a)	1 COLLINS AVE, STE 704	(b)	1 COLL	INS AVE, STE	704		
	() .	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MIAMI BEACH, FL 33139				
		MIAMI BEACH, FL 33139	_					
		11/29/2017		M170000	10049			
3.		Date of filing/registration in Florida	4.		Document num	ber		
5	(a)	C T CORPORATION SYSTEM						
5. ((a)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	- ::			
		1200 SOUTH PINE ISLAND ROAD				:0	2	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			TAL TAL	2020 JAH 22	•- ·
							AN 2	
		PLANTATION, FL_	33324		-	CRETATION SE MLLATIONSE		
	(b)	Corporation Service Company				JT C.	AM 7:	\bigcirc
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office add	ress:		FL.	7:33	
		1201 Hays Street			-			
		<u>NEW</u> Registered Office Address:						
					-			
		Tallahassee , FL	32301					
the age wa:	cha ent w s/we	mited 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 ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l /S/ John M. Goense	the regist bility cou f the limi	ered office npany, it is ted liability	e and the busines s hereby confirm y company or as	ss office (red that the the the the the the the the the th	of the r he chai	egistered
	John M. C				ense, Manager Printed or typed name of signed			
1 h pro the to 1	erel ovisi obli mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons 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 h I in writing of this change	performa	nce of my i	acity. I further a duties. and I am	agree to c familiar	comply with a	nd accent

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00