M17000010437

(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:				

Office Use Only



500320490615

BESSEL BY BY STATE

R NOV -7 AH IZ: 10

K. SALY NOV 8 2018



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	11/07/2018	_				
	Merritt Wal	ker	_			
	10083					
	·		ON PINES, LLC			
			to Transact Business			
Amen	dment					
Change Ch	ge of Agent					
Reins	tatement					
Conversion						
☐ Merge	er					
Disso	lution/Withdrawal					
Fictitie	ous Name					
Other						
Authorized A	kmount:\$	25				
Signature:	٠ ١	1111				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: JACKSON I	PINES, LLC			
2. (a)	Principal office address of limited liability company: 3851 PEACHTREE PKWY, STE E-202 (Note: MUST BE STREET ADDRESS)				
		ATLANTA, GA 30024			
(b)	Mailing address of limited liability company: (Note: MAY BR POST OFFICE BOX)	3651 PEACHTREE PKV	WY, STE E-202		
		ATLANTA, GA 30024	20		
Dece	ember 8, 2017	M17000010437	我看不		
3. Da	te of filing/registration in Florida	4. Document number	1		
5. (a)	Registered Agent and Registered Office shown on	the records of the Plorid	a Dept. of State:		
	Registered Agent:	REGISTERED AGE			
	Registered Office Address:		920		
		3030 N. ROCKY POINT DRIVI	E, SUITE 160A		
		TAMPA, FL 33607			
(ь)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	_	_		
	MEN Registered Agent:	COGENCY GLOBAL	INC.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		115 North Calhoun St., Suite 4			
		Tolishassee	FL 32301		
and the liability the mean the ope	imited liability company is not organized under the land that after the change or changes are made, the Flobusiness office of the registered agent will be idently company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise rating agreement of the limited liability company.	onda street address of the case of a	ne registered office Florida limited		
Signature	of a member or authorized representative of a member	-			
Printed o	Mills u typed name of signes	-			
	by accept the appointment as registered agent and all with the provisions of all statutes relative to the promise m familiar with and accept the obligations of my past to 005, F.S. Or, if this document is being filed to mer is, I hereby confirm that the limited liability company of Registered Agent	rree to act in this capaci per and complete perfor ition as registered agen tely reflect a change in th has been notified in wri	ity. I further agree to mance of my duties, t as provided for in he registered office ting of this change.		
- 	Tim Mayville, Assistant Secretary				

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