MECCOCOC4739

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 Date: November 14, 2018 **KEN HOWELL** Name:____ 1008703 Reference #:_____ Entity Name: JAX CONCOURSE PROPERTY, LLC Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent ISSUES? CALL. Reinstatement KEN: 518-213-0738 ☐ Conversion Merger Dissolution/Withdrawal Fictitious Name Other

Authorized Amount:

\$25.00

Signature:



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088 Date: November 14, 2018 **KEN HOWELL** Name:_ 1008703 Reference #:_____ Entity Name: JAX CONCOURSE PROPERTY, LLC Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion] Merger Dissolution/Withdrawal Fictitious Name Other ____

Authorized Amount:

Signature:

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

l.	Name of the limited liability company:			JAX CONCOURSE PROPERTY, LLC				
2	(a)	40 DANBURY ROAD	(b) C/O WES	STPORT CAPITAL P	ARTN	ERS LLC	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·		ailing address of limited liz	bility co	отралу:	
		WILTON, CT 06897			40 DANBURY RO	AD		
					WILTON, CT 068	397		
		05/16/2018			M18000004739)		
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	CORPORATION SERVICE COM	IPANY					
	(4)	Registered Agent and Registered Office shown on the records o	f the Flori	he Florida Dept. of State:				
		1201 HAYS STREET			r	 	[]	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			, :	NOM ESS	1 1 	
						11	4	
		TALLAHASSEE , F	L323	01-2525	; - -	้อ	n U	
	(b)	्र COGENCY GLOBAL INC.						
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			•	Ð		
		115 North Calhoun Street, Suite						
		NEW Registered Office Address:	<u> </u>					
		Tallahassee, F	L	32301				
the ag wa	cha ent v is/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of of the li	istered office company, it is mited liability	and the business offic hereby confirmed that company or as otherw	e of the	e registered lange(s)	
/S/ Marc Porosoff				Marc Porosoff				
Signature of a member or authorized representative of a member				Printed or typed name of signee				
I i pro the to no	herel ovisi obli mere tified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to a e perfori ed for in i hereby	et in this capa mance of my d Chapter 605, confirm that ti	city. I further agree to luties, and I am familio F.S. Or, if this docun he limited liability con	o comp ar with nent is npany i	ly with the and accept being filed has been	
		/S/ Tim Mayville						

Signature of Registered Agent Tim Mayville, Assistant Secretary