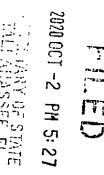
## M1800000 8965

Office Use Only



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## **COVER LETTER**

1,

то:	Registration Section Division of Corporations						
SUBJI							
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the	following:				
Michae	el N. Moses						
	Name of Person						
Michae	Ison Real Estate Group, LLC						
	Firm/Company		<del></del>				
4710 S	tate Road 13 North						
	Address		<del></del>				
Saint Jo	ohns, Florida 32259						
	City/State and Zip Code						
mmose	s@michaelsongroup.com						
E	-mail address: (to be used for future annu	al report notifi	ication)				
For fur	ther information concerning this matter, p	lease call:					
Elizabe	th Moses	904 at (	880-0000				
	Name of Person	_ *** (	Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section		Street Address: Registration Section				
	Division of Corporations		Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	Tananassee, FE 52517		Tallahassee, FL 32303				
	Enclosed is a check for the following a	mount:					
■ \$25 Filing Fee		<b>□</b> \$:	\$55 Filing Fee & Certified Copy				

TO:

## 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	ime of the limited liability company: MKJS III, LLC					
2. (a)	(b)					
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change		No Change	True. Imm bb 1 ob 1 of 1 res being		
	09/27/2018		M18000008	965		
3.	Date of filing/registration in Florida	- <sub>4.</sub> -		Document number		
5. (a)	Michael N. Moses (No change to name of Reg. Agent Address change only)					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	OLD ADDRESS					
	Registered Office Address (MUST BE FLORIDA STREET)	-				
	12443 San Jose Boulevard, Suite 604			. 2		
	Jacksonville , FL	32223		2020 OCT		
	NEW ADDRESS	7-2				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			and a second		
	Michael N. Moses (No change to name of Reg. Agent A	55. <b>D</b>				
	NEW Registered Office Address:	7				
	4710 State Road 13 North	-				
	Saint Johns, FL	32259		_		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will 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	registered bility constitution of bilimited limited li	d office an npany, it is ted liabilit	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to meri	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in friting af this change	ee to act performa I for in C nereby co.	in this cape nce of my e hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
Signatu	re of Registered Agent					