Division of Corporations

Florida Department of State Division of Constraints Division of Constraints

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To:		
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : UNITED AGENT GROUP INC.	:
	Account Number : I20160000086	:
	Phone : (561)508-5033	•
	Fax Number : (561)694-1639	
**Enter the annual	email address for this business entity to be report mailings. Enter only one email addre	e used for fr
Email 8	Address:	
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	THE PROTOTOR A COME CHANC	T 7

LLC REGISTERED AGENT CHANGE JLL - MIDNIGHT SUN IFMS LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

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

•		હ 2
1. The name of the limited liability company is:	JLL-MIDNIGHT SUN IFMS LLC	17.4 17.4
2. (a) Principal office address of the limited liability con	npany: 1577 SPRING HILL ROAD	
(Note: MUST BE STREET ADDRESS)		Ξ_ ω
111111111111111111111111111111111111111	VIENNA VA 22182	2 0
(b) Mailing address of limited liability company:	1577 SPRING HILL ROAD	SE A
(Note: MAY BE POST OFFICE BOX)	VIENNIA VA 22102	<u> </u>
	VIENNA VA 22182	ြ က
4/19/2019	M1900000)3992
3. Date of filing/registration in Florida	4. Document number	
5.(a) Registered Agent and Registered Office s		
Registered Agent:	CORPORATION SERVICE	COMPANY
Registered Office Address:	1201 HAYS STREET	
Registered Office Address.		
	TALLAHASSEE FL 32301	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:	
(b) Elliet faille of the first transfer of t		
NEW Registered Agent:	United Agent Group Inc.	
NEW Registered Office Address:	801 US Highway I	
(MUST BE FLORIDA STREET ADDRES		
		FL_33408
If the limited liability company is not organized under to or changes are made, the Florida street address of the reidentical. Or, in the case of a Florida limited liability of an affirmative vote of the members of the limited liability the operating agreement of the limited liability company. (Signature of a member or authorized representative of a men	gistered office and the business office of the company, it is hereby confirmed that the characteristic company or as otherwise provided in the y.	he registered agent will be ange(s) was/were authorized by
Nicholas Nichols, Attorney-in-Fact		
(Printed or Typed name of signee)	t	anas ta saundu with the pravicions
I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete performy position as registered agent as provided for in Chap in the registered office address. I hereby confirm that the Nicholas Nichols, S. (Signature of Registered Agent)	rmance of my duties, and I am familiar wi oter 605, F.S. Or, if this document is being te limited liability company has been notifi pecial Secretary	th and accept the obligations of g filed to merely reflect a change ied in writing of this change.
Division of Corporations,	P.O. Box 6327, Tallahassee, FL 3	40 IH

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