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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : 120230000143 Phone : (888)314-3998 Fax Number : (518)514-1288

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LLC REGISTERED AGENT CHANGE CMAX JAXON TIC OWNER, LLC

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COVERLETTER

	istration Section ision of Corporations		
SUBJECT:	CMAX JAXON TIC OWNER.	LLC.	
30 13120 11		Name of Limited L	Liability Company
Dear Sir or N	Madam:		
The enclosed	d Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.
Please returi	rall correspondence concernin	g this matter to the	following:
Joe DiGaetan	ю		
	Name of Person	***************************************	
SPI Agent Se	olutions, Inc		
	Firm/Company		
524 S 2nd St	Ste 505		
	Address		
Springfield H	L 67201		
	City/State and Zip Co	de	
E-mail	address: (to be used for future	annual report notif	lication)
For further in	nformation concerning this ma	tter, please call;	
Joe DiGaetan)(v	512 at (309-1153
	Name of Person		Area Code & Daytime Telephone Number
Reg Divi P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
Enc	losed is a check for the follow	ving amount:	
□ s.	25 Filing Fee	□ s	55 Filing Fee & Certified Copy
INHS18 (2/14	.		

To: 1 Page 4 of 4 2024-02-12 22 22:35 GMT 15185141288 From Lindsay Gates

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.

I. Na	ame of the finited liability company: CMAX JAXON T	IC OM	NER, LL	с.
2. (a)	790 Marietta St. NW Atlanta, GA 30318			farietta St. NW Atlanta, GA 30318
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- -		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	5/19/2020 Date of filing/registration in Florida	 . 4.	M20000	Document number
J.	UNIVERSAL REGISTERED AGENTS, INC	4.		Document marrier
5. (a)	Registered Agent and Registered Office shown on the records of the	ic Flori	da Dept-of	State:
	Registered Office Address - <u>(MIJST BE FLORIDA STREET A</u> 1317 CALIFORNIA ST.	DDRE.	SS _I	77 TA
	TALLAHASSEE FL.	32304		LE T
(b)	SPI AGENT SOLUTIONS, INC. Enter name of NEW Registered Agent and/or NEW Registered (Office :	iddress:	TALLAHASSEE. FLORIDI
	NEW Registered Office Address:			
	1540 GLENWAY DR			
	TALLAHASSEE FL_	32301		
change agent v was/we	imited liability company is not organized under the law, or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability and address of the members of cless of organization or the operating agreement of the limited liability.	egiste bility of the li	red office company, mited lial	and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	Kent Charles	R	bert H. W	
I herei provisi the obl to merc notified	ture of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pipulions of my position as registered agent as provided by reflect a change in the registered office address. The Fin writing of this change. The writing of this change.	e to a perfori for in ereby	et in this ; namee of Chapter confirm t	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 603, F.S. Or, if this document is being filed that the limited liability company has been