

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC  
Account Number : I20080000104  
Phone : (302)674-4089  
Fax Number : (302)674-5266

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
JACKSON DORA PARTNERS LLC

Certificate of Status	0
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M. SOLOMON  
JUN 26 2023

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# 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. Name of the limited liability company: JACKSON DORA PARTNERS LLC
2. (a) C/O DEL ORO LEASING OFFICE  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
7001 NW 16TH STREET  
PLANTATION, FL 33313-5270  
MAY 11, 2022
- (b) C/O DEL ORO LEASING OFFICE  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
7001 NW 16TH STREET  
PLANTATION, FL 33313-5270  
M22000007355
3. Date of filing/registration in Florida
4. Document number

5. (a) C T CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

- (b) NRAI SERVICES, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

CHARLES HIERZKA

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

2023 JUN 23 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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