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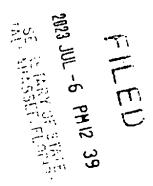
(Requestor's Name)				
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(Document Number)				
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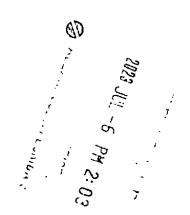


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NAME: JACKSONVILLE 3 UNIVERSITY OPCO HOLDINGS LLC

TYPE OF FILING: CHANGE OF RA

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

Division of Corporations JACKSONVILLE 3 UNIVERSITY OPCO HOLDINGS LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee INHS18 (2/14)

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. N	JACKSONVILL	.E 3 UNIVER	SITY OPCO HOLDINGS 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)	
	311 BOULEVARD OF THE AMERICAS, SUITE 404	3	11 BOULEVARD OF THE AMERICAS, SUITE 404	
	LAKEWOOD, NJ 08701		LAKEWOOD, NJ 08701	
	07/07/2022	М	22000010476	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	1		فہ	
J. (u	Registered Agent and Registered Office shown on the records of PLATINUM AGENT SERVICES LLC	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET			
	155 OFFICE PLAZA DRIVE	Q.		
	TALLAHASSEE	32301		
		L		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> DBO Services LLC	d Office addre	<u>.55</u> :	
	NEW Registered Office Address:			
	155 OFFICE PLAZA DRIVE			
	TALLAHASSEE , FI	L		
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered of iability comp of the limite	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
/s	/ Josef Cukier	Josef C	ukier	
~	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mei	eby accept the appointment as registered agent and agsions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to act in performanced for in Cha hereby confi	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed irm that the limited liability company has been	
	Devorah Glazer			
Signat	ure of Registered Agent			