

1797000000435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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(Business Entity Name)

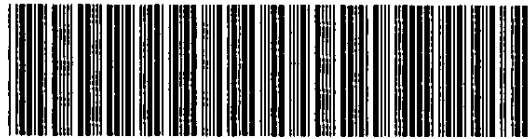
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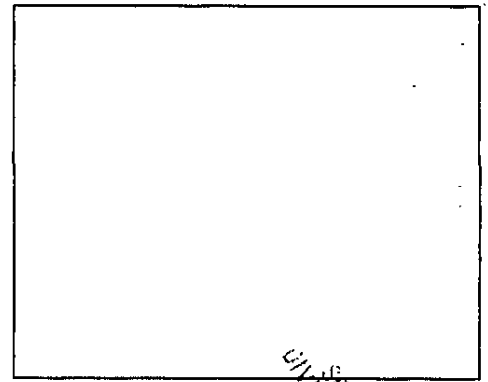
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WALK-IN

ENTITY NAME:

JP TURNER & COMPANY, LLC

CK# 4775 FOR \$25.00

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE
FOLLOWING:

☐ CERTIFIED COPY

XXX STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.P. TURNER & COMPANY, L.L.C.
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:

TLS/NRAI CORPORATE SERVICES

Name of Person

NRAI CORPORATE SERVICES

Firm/Company

2731 EXECUTIVE PARK DRIVE, SUITE 4

Address

WESTON, FL 33331

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TLS

Name of Person

at (954)

318-2787

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: J.P. TURNER & COMPANY, L.L.C.

2. (a) Principal office address of limited liability company: ONE BUCKHEAD PLAZA



(Note: **MUST BE STREET ADDRESS**)

3060 PEACHTREE RD, NW 211TH FL
ATLANTA GA 30305

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

07/22/1997

M97000000435

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

C.T. CORPORATION SYSTEM

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

2731 Executive Park Drive, Suite 4

(MUST BE FLORIDA STREET ADDRESS)

Weston, FL 33331

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

MELLO, WILLIAM, MGRM

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 608, 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.

by: [Signature]
Signature of Registered Agent

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