## M98000000749

| (Re                                     | questor's Name)   |           |  |  |  |  |
|---|-------------------|-----------|--|--|--|--|
| (Address)                               |                   |           |  |  |  |  |
| (Address)                               |                   |           |  |  |  |  |
| (Cit                                    | y/State/Zip/Phone | · #)      |  |  |  |  |
| PICK-UP                                 | WAIT              | MAIL.     |  |  |  |  |
| (Business Entity Name)                  |                   |           |  |  |  |  |
| (Document Number)                       |                   |           |  |  |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |  |  |
|   |                   |           |  |  |  |  |
|   |                   |           |  |  |  |  |
|   |                   |           |  |  |  |  |
|   |                   |           |  |  |  |  |



300297364333

04/11/17--01010--001 \*\*25.00

Office Use Only

**S Warren** APR 1 1 2017

IO AMID: 44 FILED

SECRETARY OF STATE AND SEC

## COVER LETTER

| Po: Registration Section Division of Corporations  |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: 5 J Land Associates, LLC 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:                                |  |  |  |  |  |
| Haren Heykens<br>Name of Person  |  |  |  |  |  |
| Fletchee Davis Firm/Company  |  |  |  |  |  |
| 101 E. Town Place, Sto 150<br>Address  |  |  |  |  |  |
| St. Augustin, FL 32092 City/State and Zip Code   |  |  |  |  |  |
| Khey Kens @ Fletcherdau's co. Com.<br>E-mail address: (to be used for future annual report notification) |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |
| Haren Heyrens at (904) 285-6921 Name of Person Area Code & Daytime Telephone Number                      |  |  |  |  |  |
| STREET/COURIER ADDRESS: MAILING ADDRESS:   |  |  |  |  |  |
| Registration Section Registration Section  |  |  |  |  |  |
| Division of Corporations Division of Corporations  |  |  |  |  |  |
| Clifton Building P.O. Box 6327   |  |  |  |  |  |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301                       |  |  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |  |  |
| MC25 Filing Fee & Certified Conv   |  |  |  |  |  |

1NHS18 (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 10/144  | •  |   |  |  |   |
|---|--|---|--|--|---|
| 1. Na   | me of the limited liability company:S J _ La   | nd  | Associate  | o, LLC   |   |
| 2. (a)  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (b) _                                     | Mailing addre  | ess of limited liab  | ility company:  |
|   | Wilmington, DE 19801   | _   | Wilmingto  |  |   |
|   |  |   |  |  | · · · · · · · · · · · · · · · · · · ·                                   |
|   | 3/23/17  |   | M98000   | 000 74   | 9   |
| 3.  | Date of filing/registration in Florida 4   | ١.  | Document   | -  | ,   |
| 5. (a)  | CT Corporation Sustan  | (   |  |  |   |
|   | Registered Agent and Registered Office shown on the records of the F   | lorida De                                 | pt. of State:  | 点雪   | 77  |
|   |  |   | <u> </u>   | 宝山 美   |   |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDI   |   |  | TO THE   | ž m   |
|   | 1200 South PINE ISI  | and                                       | Road   | 1 to f market  | FILED   |
|   | Plantation ,FL 3   |   |  | 17.57  | 2: 39   |
|   |  |   |  | 語  | ω<br>O  |
| (b)   | fletcher Davis   |   |  | 7  | -   |
|   | Enter name of NEW Registered Agent and/or NEW Registered Office  | <u>ce addres</u>                          | <u>s</u> :   | ,  |   |
|   | NEW Registered Office Address:   | <del>Sto</del> .                          | 150  |  | ;   |
|   | The residence of the residence resid |   |  |  |   |
|   |  |   |  |  |   |
|   | St. Augustine , FL   | 320                                       | 92   |  |   |
| If the li   | mited liability company is not organized under the laws of   | f the Sta                                 | te of Florida, it is h   | nereby confirn   | ned that after  |
| the char<br>agent w                                     | nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liability  | register<br>ty comp                       | ed office and the bu   | usiness office   | of the registered   |
| was/we:   | re authorized by an affirmative vote of the members of the cles of organization of the operating agreement of the limi   | e limited                                 | l liability company  | or as otherwis   | se provided in  |
| me arm  | ties of organization of the fifth  |   |  | <u> </u>   |   |
| Signati   | ure of a member or authorized representative of a member   |   | Printed or ty  | yped name of sign  | <b>J f</b> .  |
| I hereb<br>provision<br>the obli<br>to mere<br>notified | y accept the appointment as registered agent and agree to<br>ons of all statutes relative to the proper and complete perf<br>gations of my position as registered agent as provided for<br>ly reflect a change in the registered office address, I here<br>in writing of this change   | o act in<br>formanc<br>in Cha<br>by confi | this capacity. I fur<br>e of my duties, and<br>pter 605, F.S. Or,<br>rm that the limited | ther agree to o<br>I am familiar<br>if this docume<br>liability comp | comply with the<br>with and accept<br>nt is being filed<br>any has been |
| Signatur  | e of Register Again  |   |  |  |   |

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