## m9900001036

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DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JACKSONVILLE TOWE Name of Lin	ER ASSOCIATES, LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Myra Homer Name of Person	
Capitol Services Registered Ager	nt Department
800 Brazos, Suite 400	
Address	
Austin, Texas 78701  City/State and Zip Code	
E-mail address: (to be used for future annual report notifice.)  For further information concerning this matter,	
Myra Homer at	( 800 ) 345-4647
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (5/08)	Peturn Acknowledgment to:

Capitol Corporate Services, Inc. P.O. Box 1831 Austin, TX 78767 800/345-4647

## 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: JACKSC	INVILLE TOWER ASS	OCIATES, LL	
2. (a) Principal office address of limited liability comp	4444 Delatall Ava	Alaman I	
(Note: MUST BE STREET ADDRESS)	Suite 2910		
	Miami, FL 33131	7	
(b) Mailing address of limited liability company:		1	
(Note: MAY BE POST OFFICE BOX)		3	
7/6/1999	M9900001036	5	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dep	ot. of State:	
Registered Agent:	Weiss, Andrew R.		
Registered Office Address:	1111 Brickell Ave., Ste. 291	0	
-	Miami FL	33131	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b> Registered Agent:	NEW Registered Office address Capitol Corporate Serv		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive		
		FL 32301	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be it liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or or the operating agreement of the limited liability company or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	ne Florida street address of the reg dentical. Or, in the case of a Flor ge(s) was/were authorized by an a therwise provided in the articles of	gistered office ida limited	
Printed or typed name of signee  I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp		further agree to ce of my duties, provided for in gistered office of this change.	
Signature of Registered Agent behalf of Capitol Corpo			

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