Polomosnos

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Dc | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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APR 2 5 2018 S. YOUNG

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Jax Sober Living Inc. Name of Corporation | | |
| DOCUMENT NUMBER: 20100003703 | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Name of Contact Person Tax Sher Living Inc. Firm/Company Address | | |
| Tacksuntle beath, 17, 32250 City/State and Zip Code [Kur @idx Sober Living Mase. Com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| James T. Kerr at 904, 300.6050 | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this |
|--|
| statement of change is submitted for a corporation organized under the laws of the State of _F |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Dax Sover Living Inc. |
| 2. The principal office address: 1700 South 5th Street |
| Jacksanvillebeach, 12 32250 |
| 3. The mailing address (if different): 3948 South 3rd Street, Suite 166 |
| Tacksonville Beach, F1 32250 |
| 4. Date of incorporation/qualification: AOCI 2000 Document number: Pol 00000 3703 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Rebelah A. Cottan |
| 1700 South Strut |
| Jacksanville Boach, FZ 32250 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Tames 1. Kerr |
| 1700 South 5th Street |
| P.O. Box NOT acceptable |
| Jacksunville Death, TL 32250 = = 5 |
| The street address of its registered office and the street address of the business office of its registered ament, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| RCotter Rebelah Botten |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent Date Date |
| If signing on behalf of an entity: |
| Tames T. Harr |
| Typed or Printed Name |