P11000036462

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



500226603565

84/06/12--01003--010 **35.00

2 APR -6 PH 12: 14
SECRETARY OF SHALE

RAGUA

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT:	Name of Corpor	0 316 ration	,InC
DOCU	JMENT NUMBER:	P11000	036462	·
The en	closed Statement of Change of Regis	stered Office/Age	ent and fee are sub	mitted for filing.
Please	return all correspondence concerning	g this matter to th	e following:	
	·	Thomas Adam	, Esq.	
	.}	Name of Contact	Person	
	_			
		Thomas Adam Firm/Compar		
		i mii/Compai	ıy	
	10752 De	anwood Dark I	Blvd Suite 100	
	10702 De	Address	BIVG Suite 100	*\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Jacksonville,	FL	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip	Code	
	E-mail address: (to be	used for future	annual report no	tification)
For fur	ther information concerning this mat	ter, please call:		
	Thomas Adam.		004	
	Thomas Adam Name of Contact Person	at ((904 Area Code & Day	394-2977 /time Telephone Number
Enclose	ed is a \$35.00 check made payable to	the Department	of State.	
	Mailing Address: Amendment Section	On	Street Addres Amendment	<u>ss:</u> Section
	Division of Corpo		Division of C	
	P.O. Box 6327	/14HO110	Clifton Build	•
	Tallahassee FL 3	2314		ive Center Circle

Tallahassee, FL 32301

٦.

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

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of Florida	a	_	
1. The name of t	he corporation:	<u>.</u> B:	5TRO 316	In	_		
2. The principal 32256	office address: 10151	Deerwood Park	Blvd Bldg 400 Suite	220, Jacks	sonville	, FL	
3. The mailing a	ddress (if different):						
4. Date of incorp	ooration/qualification: _	04/13/2011	Document number:	P1100	002646	52	
	street address of the curtment of State: (If resign		at and registered office on f	ile with the			
	Jacobs, Taja	·					
	10151 Deerwood I	Park Blvd Bldg 4	100 Ste 220				
	Jacksonville, FL 3	2256					
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office				第二年	12 APR -6	
	Thomas Adam, P.	Α				9-	- IL :- U
	10752 Deerwood I	Park Blvd Suite			F 5	PH 12:	<u></u>
	Jacksonville, FL 32		серию			<u>+</u>	
The street addre	ss of its registered office be identical.	ce and the street add	dress of the business offic	e of its regis	tered age	ent,	
			y its board of directors or ed in writing of the chang				
Jun	e disen officer or director		Taja Jaco	obs VP			
I hereby accept I further agree t of my duties, an document is bei	the andointment as reo	isions of all statute. d accept the obliga ct a change in the re	gree to act in this capacits s relative to the proper an tion of my position as reg egistered office address, I	ήν.	performa t. Or, if firm that	ince this the	
			03/28/2	012			
Sign	nature of Registered Agent		Date	-		_	
If signing on bel	half of an entity:						
	homas C. Adam						

* * * FILING FEE: \$35.00 * * *

CR2E045 (8/05)