## 20000782

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T. CLINE 0CI -8 2018 **EXAMINER** 

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.  REFERENCE  AUTHORIZATION	:					
	COST LIMIT	:	\$ 25.00				
	October 4, 2018				Ħ		
ORDER TIME :	4:44 PM				<b>2018</b> O:		
ORDER NO. :	425057-065				007-		
CUSTOMER NO:	7586636				<u> </u>		
CHANGE OF AGENT · ?							
NAME :	TLE AT LAKE W	ORT	H, LLC				
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FI	LING:			
CERTIFIED COPY XX PLAIN STAMPED COPY							

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

## 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.	Na	ime of the limited liability company: TLE AT L	AKE WORTH,	rrc
2.	(a)	Principal office address of limited liability compar	(b'	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
		210 Hillsboro Technology Drive		210 Hillsboro Technology Drive
		Deerfield Beach, FL 33441		Deerfield Beach, FL 33441
		06/13/2012		L12000078273
3.		Date of filing/registration in Florida	4.	Document number
5	(a)	FALDUTO, MARY		
٦.	(4)	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of State:
		Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS	1
		210 Hillsboro Technology Drive	-	
		Deerfield Beach	EI 33///1	
		Boomera Boarn	, I L,	
	(b)	Corporation Service Company		, <u>, , , , , , , , , , , , , , , , , , </u>
	. ,	Latter name of NEW Registered Agent and/or NEW Reg	istered Office adu	lress: 6
		1201 Hays Street		
		NEW Registered Office Address:		, 7
			·	<del></del>
		Tallahassee	. FL_ 32301	
the ac	cha ent v	inge or changes are made, the Florida street addr will be identical. Oran the case of 3 Florida lim	ress of the regis	State of Florida, it is hereby confirmed that after stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company.
		HINE	Mich	nael Shafir, Secretary
	•	are of a member or authorized representative of a member		Printed or typed name of signee
Prother to no	herel ovisi obli incre	by accept the appointment as registered agent at ons of all statules relative to the proper and con- igations of my position as registered agent as pr ty reflect a change in the registered office addr I in writing of this change	nd agree to act nplew performe rovided for in C ess, I hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
	K	Marie Mini		Roxanne Turner
Si	gnatui	re of Registered Agent Corporation Service Comp	oany BY:	Asst. Vice President

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