

L13 000026043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

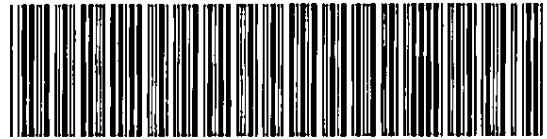
(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
SACRAMENTO, CALIFORNIA

T. CLINE

OCT - 8 2018


EXAMINER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 425057 7586636

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : October 4, 2018

ORDER TIME : 4:43 PM

ORDER NO. : 425057-050

CUSTOMER NO: 7586636

2018 OCT 11 11:05 AM

CHANGE OF AGENT

NAME: TLE AT JACKSONVILLE-OAKLEAF,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

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. Name of the limited liability company: TLE AT JACKSONVILLE-OAKLEAF, LLC

| | |
|---|---|
| 2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> | (b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> |
| <u>210 Hillsboro Technology Drive</u> | <u>210 Hillsboro Technology Drive</u> |
| <u>Deerfield Beach, FL 33441</u> | <u>Deerfield Beach, FL 33441</u> |

| | |
|--|---|
| 3. <u>02/19/2013</u> Date of filing/registration in Florida | 4. <u>L13000026043</u> Document number |
|--|---|

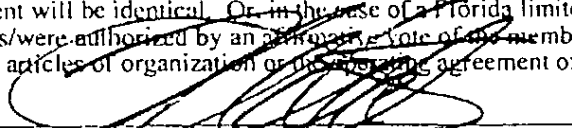
5. (a) FALDUTO, MARY
Registered Agent and Registered Office Shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
210 Hillsboro Technology Drive
Deerfield Beach, FL 33441

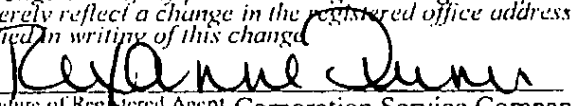
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(h) Corporation Service Company
Enter name of NEW Registered Agent and or NEW Registered Office address:
1201 Hays Street
NEW Registered Office Address:
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or its operating agreement of the limited liability company.

| | |
|--|--|
|  _____ Signature of a member or authorized representative of a member | <u>Michael Shafir, Secretary</u> _____ Printed or typed name of signer |
|--|--|

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

| | |
|---|---|
|  _____ Signature of Registered Agent | BY: <u>Roxanne Turner</u> Asst. Vice President |
|---|---|

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