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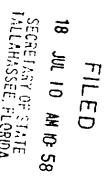
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TO: Registration Section Division of Corporations	÷				
SUBJECT: TSL SS OPCO, LLC					
	of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Brian D. Hudson, Esq					
Name of Person					
Holding Company of The Villages, Inc.					
Firm/Company					
3619 Kiessel Road					
Address					
The Villages, Florida 32163					
City/State and Zip Code					
legalnotices@thevillages.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Christi Jacquay	at (352) 753-6612				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations P.O. Box 6327				
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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.

Name of the limited liability comp	oany: TSL SS OP	CO, LLC		
2. (a) 3619 Kiessel Road		<i>(</i> ы. 3619	(b) 3619 Kiessel Road	
Principal office address of lim (Note: MUST BE STR		(b) <u>55 15</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
The Villages, Florida 321	63	The	Villages, Florida 32163	
01/08/2015			5000004608	
3. Date of filing/registrat	ion in Florida	4.	Document number	
5. (a) Brian D. Hudson, Esq.				
Registered Agent and Registered Offi		of the Florida Dept. of	State:	
1020 Lake Sumter Landi	_ _		<u> </u>	
Registered Office Address (MUST	<u>"BE FLORIDA STREE"</u>	<u>FADDRESS)</u>	· **	
The Villages	, I	:L <u>32162</u>	FILED FILED WIG 58 MIN OF STATE SECRETARY OF STATE TALLMIN SEE, FLORIDA	
(b)	nt and/or <u>NEW Register</u>	ed Office address:	一 Spa o m	
3617 Kiessel Road			E FLORE	
NEW Registered Office Address:			NOA S8	
				
The Villages	, ľ	71. <u>32163</u>	<u></u>	
the change or changes are made, the F agent will be identical. Or, in the case	lorida street address of a Florida limited vote of the members ating agreement of the street of the	of the registered of liability company, s of the limited liab ne limited liability	Florida, it is hereby confirmed that after ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Budson, Esq. Printed or typed name of signee	
I hereby accept the appointment as re provisions of all statutes relative to the the obligations of my position as regis to merely reflect a change in the regist notified in writing of this change.	gistered agent and a e proper and comple tered agent as provid tered office address!	gree to act in this te performance of led for in Chapter I hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Signature of Registered Agent Brian D. Hu	idson, Esq.			

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