

L16000093647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

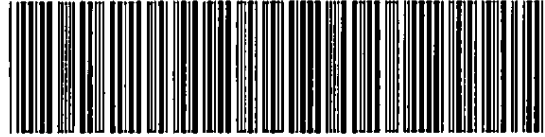
(Business Entity Name)

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T. CLINE
OCT - 8 2018
EXAMINER

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1411
SEATORN
FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE : 425057 7586636
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : October 4, 2018
ORDER TIME : 4:50 PM
ORDER NO. : 425057-125
CUSTOMER NO: 7586636

2018 OCT 04 AM 8:53

CHANGE OF AGENT

NAME: TLE AT WINDERMERE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

