M05000005705

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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200298810402 05/08/17--01046--017 **25.00



O SIMMONS MAY 1 0 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 4, 2017

Order#: 627518-010

Re: HIBISCUS BOULEVARD 12, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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	me of the limited liability company: HIBISCUS BOULE	VARD	12, LLC	
2.	(a)	23 Oakmont Drive	(b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Rancho Mirage, CA 92270			
		10/11/2005		M0500000	5705
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	NRAI Services, Inc			_
	• /	Registered Agent and Registered Office shown on the records of the I	Florida I	Dept. of State:	est of the state o
		1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)		
		Distriction	2224		2:27
		Plantation , FL 3	33324		2
	(b)	Corporation Service Company			•
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Off	ice addı	ess:	
		1201 Hays Street			
		NEW Registered Office Address:			
			••••		
		Tallahassee , FL 3	2301		
the ag wa	e cha ent v as/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the lim	regist ity con le limit	ered office npany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		oward Stone	Howa	rd Stone, I	
	Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
I pr the to no	herel ovisi e obl mere tified	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the reflect a change in the registered office address, I here it is writing of this change.	to act i forma or in Cl eby cor	n this capa nce of my a napter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Si	gnatu	re of Registered Agent Corporation Service Company B	Y: An	ni M. Casp	oer

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