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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

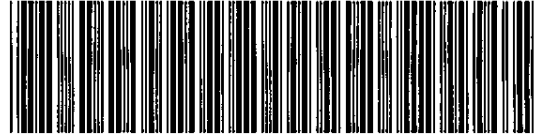
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAY - 1 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 07 2015
DENHEIX
[Signature]

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: April 27, 2015

AE: Milton Vong

TO: Florida Department of State

H1080

REFERENCE: 878527

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

SOLEIL APARTMENTS, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

| <u>Service Description</u> | <u>Check Number</u> | <u>Name</u> | <u>Amount</u> |
|----------------------------|---------------------|-----------------------------|---------------|
| Change of Registered Agent | 540461 | Florida Department of State | \$25 |

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Milton Vong TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLEIL APARTMENTS, LLC
Name 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:

MILTON VONG

Name of Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DR #200

Address

SACRAMENTO, CA 95833

City/State and Zip Code

sherondad@catalystdp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILTON VONG at (888) 272-3725
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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: SOLEIL APARTMENTS, LLC

2. (a) 1575 NORTHSIDE DR. BLDG 100, STE 200 (b) 1575 NORTHSIDE DR. BLDG 100, STE 2

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

ATLANTA, GA 30318

ATLANTA, GA 30318

05/18/2007

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NATIONAL CORPORATE RESEARCH, LTD., INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

PARACORP INCORPORATED

NEW Registered Office Address:

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

FILED
15 MAY - 1 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

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.

Leticia Burleson LETICIA BURLESON, ASSISTANT SECRETARY
Signature of Registered Agent