## Florida Department of State

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To:	Division of Cor		
	rax Number	: (850)617-6383	•
from:	Account Name Account Number Phone		- A.

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
rmall	MUULESS.			

## LLC REGISTERED AGENT CHANGE ARCHWAY COMMUNITY PROPERTIES III, LLC

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15129570210

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	MUNITY PROPERTIES III, LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mary Castillo Name of Person	<del> </del>
,	
Registered Agent Solutions, Inc. Firm/Company	<del></del>
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Mary Castillo	at ()
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:

☐ \$55 Fifing Fee & Certified Copy

□ \$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

15129570210

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.

LIMITED LIABILITY COMPANY

Name of the limited liability company.	, ARCHWAY COM	MUNITY PROPERTIES III, LLC
2. (a) 12045 E WATERFRO	ONT DRIVE (b) 1	1601 NORTH SEPULVEDA BLVD. #641
Principal office address of limited l	liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET		(Note: MAY BE POST OFFICE BOX)
PLAYA VISTA, CA	4 90094 <u>N</u>	MANHATTAN BEACH, CA 90266
2/22/2012	N	/12000001015
3. Date of filing/registration	in Florida 4.	Document number
COGENCY GLOB	BAL INC.	
Registered Agent and Registered Office sh		
115 NORTH CALI	HOUN ST.	202
	FLORIDA STREET ADDRESS)	2020 HAY
SUITE 4		
TALLAHASSEE	<sub>FI</sub> 32301	
TALLATIAGGLE	, FL_02001	<u> </u>
(h) Registered Agent	Solutions, Inc.	PN 12: 5
Enter name of NEW Registered Agent an		<u> </u>
155 Office Plaza I	Dr.	
NEW Registered Office Address:	<del>-</del>	
Suite A		
Tallahassee	, FL 32301	1
the change or changes are made, the Floridayent will be identical. Or, in the case of	da street address of the register a Florida limited liability com- te of the members of the limite	tate of Florida, it is hereby confirmed that after ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
s/ Scott L. Chalmers	Scot	tt L. Chalmers Member
Signature of a member or authorized representati		Printed or typed name of signee
I hereby accept the appointment as regist provisions of all statutes relative to the pr the obligations of my position as registere to merely reflect a change in the registere notified in writing of this change.	tered agent and agree to act in oper and complete performan ed agent as provided for in Cha ed office address, I hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed aftern that the limited liability company has been
	rt, Asst. Secretary	