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(Requestor's Name)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Cipriani Florida, LLC						
50202		e of Limited Liability Company					
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please r	return all correspondence concerning this	s matter to the following:					
Natalie	e Sharpiro						
	Name of Person						
US&C	o Certifiee Public Accountants						
	Firm/Company	······································					
500 N	. Capital of Texas Highway, Bldg 3	3, Ste 100					
<u></u>	Address						
Austin	i, Texas 78746	•					
	City/State and Zip Code						
nshap	iro@usco-cpa.com						
E-	-mail address: (to be used for future annu	al report notification)					
For furt	her information concerning this matter, p	please call:					
Elana	Felty	512 825-9876					
	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 a	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.

2. (a)	ame of the limited liability company: Cipriani Floric						
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ar View Cove		
	3401 Far View Cove			3401 Fa			
	Austin, Texas 78730		Austin, Texas 78730				
	12/17/2013	_	N	1130000	07969		
3.	Date of filing/registration in Florida	4.	_		Document number		
5. (a)					_		
	Registered Agent and Registered Office shown on the records of	the Flor	ida I	Dept. of Stat	e:		
	CT Corporation System				_		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	1200 South Pine Island Road						
	Plantation , FI	3332	4				
	7 - 7	-					
(b)							
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office .	<u>addı</u>	<u>'ess</u> :			
	Sugar Palm Rentals, Inc				•		
	NEW Registered Office Address:	4			-		
	34904 Emerald Coast Pkwy, Suite 122				_		
	Destin , FI	__ 3254	1				
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the re ability of the l limite	gist con imit d lia	ered office apany, it i ed liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
Sidnat	entered a member or authorized representative of a member	LI	oa —	1 101115	Printed or typed name of signee		
•	by accept the appointment as registered agent and agi	waa to a	rat i	n this can			
provisi the obl to mere	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	perfor d for in hereby	mai n Cl	nce of my napter 603 nfirm that	duties, and I am familiar with and accep 5, F.S. Or, if this document is being filea the limited liability company has been		

Signature of Registered Agent

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. N	ame of the limited liability company: Cipriani Flo	orida, LL	<u> </u>				
2. (a)		•	(b)				
L. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	**************************************	\°7		mited liability company:		
	3401 Far View Cove		3401 Fa	ar View Cove			
	Austin, Texas 78730		Austin, Texas 78730				
	12/17/2013		M130000	007969			
3.	Date of filing/registration in Florida	4.		Document numb	per		
5, (a)							
J, (4)	Registered Agent and Registered Office shown on the records	of the Flor	da Dept. of Sta	ie:			
	CT Corporation System				25		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE	223	_	Ž		
	1200 South Pine Island Road				property property of the control of		
	Plantation	FL 3332	4	- .	2 E D		
	Enter name of NKW Registered Agent and/or NEW Register Sugar Palm Rentals, Inc NKW Registered Office Address:			-			
	34904 Emerald Coast Pkwy, Suite 122			_			
	Destin	FL 3254	1				
the cha agent v was/we the arti	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the area of a member or authorized representative of a member by accept the appointment as registered agent and complete of all varieties relative to the proper and complete of all varieties relative to the proper and complete or all varieties relative to the proper and complete or all varieties relative to the proper and complete or all varieties relative to the proper and complete or all varieties relative to the proper and complete or all varieties and accept the appointment as registered agent and accept the accept the appointment as registered agent and accept the a	of the replication of the limited the limited Lie	estered office company, it is mited liability liability cor sa Harris	e and the business is hereby confirmed or typed name of ty	s office of the registers ed that the change(s) otherwise provided in me of signer		
nonjied	ons of all statutes relative to the increase agent and to ons of all statutes relative to the proper and completing all statutes relative to the proper and completing all statutes are provided agent as providing reflect a change in the registered office address, fin writing of this change.	ded for in Thereby	Chapter 60: confirm that	5, F.S. Or, if this the limited liabili	document is being filed ty company has been		