Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000100446 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from the	nis page.
Doing so will generate another cover sheet.	

-		
- 1		
	٧,	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email	Address:			
		,	·	

LLC REGISTERED AGENT CHANGE EAST COLONIAL CAPITAL ORLANDO LLC

Certificate of Status	0
Certified Copy	
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

HAPLEMIEUX

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0111 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.

L Na	me of the limited liability company: EAST COLONIA	L CAPI	TAL ORLAN	DO LLC		
2. (a)	300 Crescent Court		300 Cresco			
(,	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)			tailing address of timited liability (Note: MAY BE POST OFFIC	-	-
	SUITE 700	_	SUITE 700			
	Dallas, TX 75201	_	Dallas, TX	75201		
	02/17/2017		M17000001-	410		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATION SERVICE COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of State			
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u></u>			
	-		_			
	TALLAHASSEE	32301				
(b)	C T Corporation System					
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldress</u> :			
	NEW Registered Office Address					
	1200 South Pine Island Road					
	Plantation	33324		To the second	۸.	_
	, 11,		-		2023	
he cha igent v was we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility c t the lin	stered office ompany, it is nited liability	and the business office of the hereby confirmed that the company or as otherwise p	nusta provide	istered (s) ed in.
	in highlet	San	dra Zwijack, /	Authorized Person	P H	(.
	ture of a member or authorized representative of a member			Printed or typed name of signee	_ _	
the obli to mere notified	by accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete to igations of my position as registered agent as provided by reflect a change in the registered office address. I have fin writing of this change. CT Corporation System AND EMERICK, ASSISTANT SECRETARY	l for in erchy c	t in this cape tance of my c Chapter 603, confirm that t	icity. I further agree to con hujes, and I am familiar wi . F.S. Or, if this document i the limited hability compan	กปัญหา In and is hem y has b	Ih the accep g filea een

To: