I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SECRETARY

SIGNATURE: LINDA CRAWFORD

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L02000025598

Entity Name: RESIDENTIAL PROPERTIES OF WESTON LLC

### Current Principal Place of Business:

3163 INVERNESS DRIVE WESTON, FL 33332

### Current Mailing Address:

P O BOX 19119 PLANTATION, FL 33317 US

### FEI Number: 51-0520676

## Name and Address of Current Registered Agent:

PARKER, CLAYTON E C/O K&L GATES LLP 200 SOUTH BISCAYNE BLVD., SUITE 3900 MIAMI, FL 33131-2370 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	SECR	Title	MGR
Name	CRAWFORD, LINDA T	Name	CAPORELLA, JOSEPH G
Address	8100 SW TENTH STREET	Address	8100 SW 10TH STREET SUITE 4000
City-State-Zip:	FORT LAUDERDALE FL 33324	City-State-Zip:	PLANTATION FL 33324

FILED Jan 23, 2019 Secretary of State 9455342458CC

Date

Certificate of Status Desired: Yes

01/23/2019 Date