Name and Address of ourient Registered Agent.				
NEW, CHRISTOPHER 2940 MAGUIRE RD SUITE 500 OCOEE, FL 34761 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	CHRISTOPHER NEW			02/04/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MBR	Title	AP	
Name	19S APARTMENT VENTURE LLC	Name	NEW, CHRISTOPHER L	
Address	1741 VILLAGE CENTER CIRCLE	Address	2940 MAGUIRE ROAD, SUITE:50	0
City-State-Zip:	LAS VEGAS NV 89134	City-State-Zip:	OCOEE FL 34761	
Title	AP			
Name	SULLIVAN, JAMES P			
Address	600 NEW HAMPSHIRE AVE., NW SUITE:650			
City-State-Zip:	WASHINGTON DC 20037			

Current Mailing Address: 1741 VILLAGE CENTER CIRCLE

DOCUMENT# M1900009886

1741 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134

LAS VEGAS, NV 89134 US

FEI Number: 84-3934077

Name and Address of Current Registered Agent:

Entity Name: 19 SOUTH APARTMENTS, LLC

Current Principal Place of Business:

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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.

SIGNATURE: 19S APARTMENT VENTURE LLC

Electronic Signature of Signing Authorized Person(s) Detail

MBR

FILED Feb 04, 2021 Secretary of State 2900988945CC

Certificate of Status Desired: No