## AILCOCCCCCGLAL

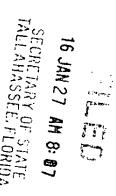
(F	Requestor's Name)		
(A	Address)		
(A	Address)		
(0	City/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(E	Business Entity Name	e)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

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JAN 28 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: January 26, 2016

Order#: 950498/020

Re: CORAL LANDINGS JOINT VENTURE, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

ICORAL LANDINGS	JOINT VEN	ITURE, LTD.	_
Name of Limited Partnership or	Limited Liability L	imited Partnership	
2. 11/05/2010	3	A10000000696	_
Date of filing/registration in Florida	_	Florida document number	-
4. The name of the registered agent and the registe Department of State:	ered office address a	as shown on the records of the Florida	a
Robei	rt Esposito		
	Name		
201 E. Las O	las Blvd, 7th Fl	loor	
A	Address		
Ft. Lauderdale, FL	. 33301	$\vec{A}_{\mathcal{O}}$	
City, S	State and Zip		
5. The name and Florida street address of the new	registered agent and	d/or office: AHASSE	
Corporation S	Service Compa	any SAR	į į
	Name		1 27
1201 H	lays Street	OF SIVE. FLOOR	E Divis
Florida street address		eptable)	***
Tallahasse	e FL	32301	
City, S	State and Zip	<del></del>	
6. Such change(s) is/are received then filed by the	e Florida Departmei	ent of State.	
	-		
Signature of General Partner	<del></del>	Authorized Person on behalf of	
Silembe of Scholar Latinot	CL III, LLC,	General Partner	
I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to and I am familiar with an accept the obligations of Corporation Service Company  By:	o the proper and co	omplete performance of my duties,	
Signature of Registered Agent			
Sylvia Queppet, Asst. Vice President			
Filing Fee: \$35.00			

Certified Copy (optional): \$52.50