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JUN 2 3 2014 T. HAMPTON



ON SERVICE COMPANY	
ACCOUNT NO. : 12000000195	
REFERENCE : 182047 7563360	
AUTHORIZATION :	
COST LIMIT : \$ 35.00	
ORDER DATE: June 18, 2014	
ORDER TIME : 2:07 PM	
ORDER NO. : 182047-010	
CUSTOMER NO: 7563360	
CHANGE OF AGENT	
NAME: LA JOYA VILLAGES, LTD.	
NAME: LA COTA VILLAGES, LID.	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Emily Gray EXT# 62925	
EXAMINER:	

COVER LETTER

TO:	-						
	Division of Corporations						
SUB		a Joya V					
	Name of Limited Partne	ership or Lim	ited Liab	ility Lin	nited Partnership		
DOCUMENT NUMBER:			A1300000014				
	enclosed Statement of Change of R are submitted for filing.	Registered (Office a	nd/or F	Registered Agent and		
Please	e return all correspondence concer	ming this n	natter to	:	•		
	Cynthia L. Bast						
	Contact Person						
	Locke Lord LLP						
	Firm/Company						
	600 Congress Avenue, St	uite 2200					
	Address						
	Austin, Texas 7870)1					
	City, State and Zip Code	e					
	cbast@lockelore	d.com					
T.	-mail address: (to be used for future ann	ual report no	tification)	_		
For fu	urther information concerning this	matter, plo	ease call	l :			
	Cynthia L. Bast	at (512)	305-4707		
	Name of Contact Person			and Day	rtime Telephone Number		
Enclo	sed is a \$35.00 check made payab	ole to the F	lorida D	epartm	nent of State.		
STRI	EET ADDRESS:		MAI	LING	ADDRESS:		
	tration Section		Registration Section				
	ion of Corporations				Corporations		
Clifton Building				Box 63			
	Executive Center Circle		Taila	hassee.	FL 32314		
Tallal	hassee, FL 32301						

INHS04 (01/06)

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.

1	La Joya Villa	ages, Ltd.	
Name	e of Limited Partnership or Limit	ed Liability Lir	nited Partnership
2. 0	1-04-13	3.	A1300000014
Date of filing/re	gistration in Florida		Florida document number
4. The name of the regist Department of State:	stered agent and the registered of	fice address as	shown on the records of the Florida
	Allan Sch	nnier	
	Name		
	20283 State	Road 7	
-	Addres	s	
	Boca Raton, Flo	orida 33483	
	City, State a	nd Zip	
5. The name and Florida	a street address of the new registe	ered agent and/e	or office:
_	Corporation Servi	ce Compan	<u>y </u>
	Name		
	1201 Hays	Street	
	Florida street address (P.O.	Box not accept	table)
	Tallahassee	FL	32301
	City, State a		· · · · · · · · · · · · · · · · · · ·
6. Such change(s) is/are	effective when filed by the Flori	da Department	of State.
A (IA)			
Signature of General/Par	tner		
l hereby accept the appo	sintment as registered agent and i	ogree to act in t	this congcity. I further goree to
comply with the provisio	ns of all statutes relative to the p	roper and comp	olete performance of my duties, 🔜 🦏
and I am familiar with a	n accept the obligations of my po	sition as regist	ered agent.

Filing Fee: \$35.00 Certified Copy (optional): \$52.50

Signature of Regi

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