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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-9166
Fax Number : (305) 347-7766

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

Email Address: GCohen@shutts.com

REGISTERED AGENT CHANGE
VILLAS AT ACADEMY PLACE, LTD.

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**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. VILLAS AT ACADEMY PLACE, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/28/2017

Date of filing/registration in Florida

3. A17000000578

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

GILMORE, RICARDO L, ESQ.

Name

201 E. KENNEDY BOULEVARD SUITE 600

Address

TAMPA, FL 33602

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CORPORATION COMPANY OF MIAMI

Name

200 S. Biscayne Blvd Suite 4100 (GJC)

Florida street address (P.O. Box not acceptable)

Miami FL 33131

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Dan Smith

Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent Gary J. Cohen, Vice President

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