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(Re	equestor's Name)				
(Ac	idress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only

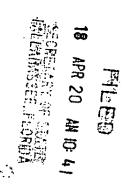


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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: April 18, 2018

Order#: 170226/005

Re: LENOX COURT ASSOCIATES, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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:Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive

251 Little Falls Drive 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.

1	LENO	X COURT A	<u> ASSOC</u>	IATE	S, LTD.	
N	ame of Limited	Partnership or Li	mited Lial	oility Lim	ited Partner	ship
2	12/17/1998		3	3.	A98000002767	
Date of filir	Date of filing/registration in Florida		•	F	Florida document number	
4. The name of the Department of State		and the registered	d office ad	dress as s	shown on the	erecords of the Florida
		VESTCO	DR, INC	•		
		Na	me			
	303	0 HARTLEY	RD., SI	JITE 3	10	_
		Add	lress			
	JA	CKSONVILLE	=	FL	32257	
		City, Stat	e and Zip			26. 3
5. The name and Flo	orida street addr	ess of the new reg	gistered ag	ent and/o	r office:	AR PR
	Co	orporation Se	rvice Co	ompany	/	第3 20
		Na	me			mg -
		1201 Hay	ys Stree	ŧ		
	Florida	a street address (P	O. Box n	ot accept	able)	ORD C
		Tallahassee		FL	32301	_
		City, Stat	e and Zip	' L		
6. Such change(s) is	/are effective w	hen filed by the F	lorida Der	vartment /	of State	
()	II DII I	nen med by the r	iorida Dep	oar tilletit (or state.	
<u>\</u>	WILLER					
Signature of General		b		04-10	D 110 % 0	
Michael J. Hornbroo I hereby accept the a						
comply with the prov	ippointment as r visions of all stat	egisierea ageni al Iutes relative to th	nu ugree i ne nroner i	o aci in o and comp	nis cupacity. Note norform	I juriner ugree io
and I am familiar wi	th an accept the	obligations of my	position (ana comp as reviste	red agent.	ance of my auties,
_ 🗸 Corpora	tion Service Co	ompany	7			
By: Jooc	CAN	01				
Signature of Register	_	\sim				
Grace E. Kirby, Asst	. Vice President	•				
Filing Fee:	9	\$35.00				
Certified Copy (optional):	52.50				