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		Ш
(Re	questor's Name)	
(Ad	dress)	
	dress)	
PICK-UP		MAIL
(Bu	siness Entity Name)	
(Do	cument Number) Certificates of	Statu s
-	<u>.</u>	
Special Instructions to	Filing Officer:	

Office Use Only



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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

Marissa Rather-l**o**pez marissa.pitts@cscglobal.com From:

November 20, 2017 Date:

Order#: 916427-018

Re: DAYTONA PROPERTIES I, LLLP

Enclosed please find:

Change of Registered Agent and Office. 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.

Please return evidence to the following: XX____

Attn: Marissa Rather-lopez c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.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.

L. DA	YTONA PRO	PERTIES	3 I, I	LLLP	
Name of Lim	ited Partnership or Li	mited Liabilit	y Lim	ited Partners	hip
2. 07/23/201	(10.1	3		B14000	
Date of filing/registration	on i n F lorida		F	lorida docum	nent number
4. The name of the registered as Department of State:	gent and the registered			hown on the	records of the Florida
_	Na	me			
··					
	III i	iress	٠.	22224	
	Plantation		L	33324	
	City, Stat	te and Zip			
5. The name and Florida street	addr es s of the new reg	gistered agent	and/o	r office:	
	Corporation Se	rvice Com	pany	/	
1.	Na	ime			4.7
	1201 Hay	ys Street			<u></u>
F	orida street address (I	P.O. Box not	ccept	able)	قم
	ijallahassee		FL	32301	•
		te and Zip	· <u></u>		24 16 13 42 Th
6. Such change(s) is/are effecti	ve when filed by the F	Florida Depart	ment	of State.	5
Xie & Con		_			
	lam e: Uill Cilmi, Auth s G en eral Partner	norized Pers	on on	behalf of D	aytona Properties GP, LL
I hereby accept the appointmen	i as re vistered agent o	and agree to a	ct in I	this capacity.	I further agree to
comply with the provisions of a	ll statutes relative to t	he proper and v position as	l comp regist	piete perjorm ered avent	ance of my duties,
and I am familiar with an acception Service	e C om pany . I II	, position as		a sa agom.	
By: I man Tokub		-			
Signature of Registered Agent	Name: Grace E. K Title: Asst. Vice Pr	irby esident			
	THE ASSE VICE IT	OSIGOTI			
Filing Fee:	\$ 35.00				
Certified Copy (optional): \$\$2.50 				