

D15000000012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

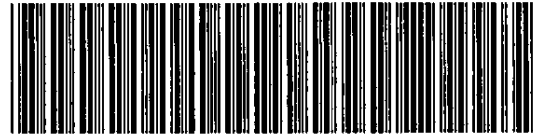
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000296405470

03/13/17--01004 -006 **105.00

FILED
2017 MAR 13 PM 1:01
SECRETARY OF STATE
HALLAMASSE, FLORENCE

Trust
RA/Ro/chg

MAR 14 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CSRA Candleglow Apartments, DST
Name of Corporation

DOCUMENT NUMBER: D15000000012

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Sorensen

Name of Contact Person

Sorensen Entity Services LLC

Firm/Company

12430 Spring Run Road

Address

Chesterfield, VA 23832

City/State and Zip Code

chris@sorensenes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Sorensen

Name of Contact Person

at (804) 763-9320

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CSRA Candleglow Apartments, DST
2. The principal office address: 10900 Nuckols Rd., Suite 200 Glen Allen, VA 23060

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/8/2015 Document number: D15000000012

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

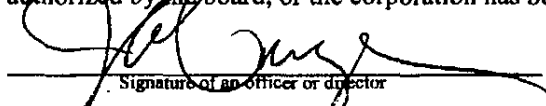
17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Jeffrey A. Gregor - Authorized officer

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

3/7/17
Date

If signing on behalf of an entity:

Jackie DeFilippis on behalf of InCorp Services, Inc.

Typed or Printed Name

*** FILING FEE: \$35.00 ***