DILOCOMY

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000301494960

07/20/17--01021--001 **35.00

S. YOUNG





CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa pitts@cscglobal.com

Date: July 18, 2017

Order#: 720715-002

Re: CRYSTAL LAKE FLORIDA APARTMENTS DST

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 Please return evidence to the following:

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS / De Claration of Trust

Pursuant to the	provisions of sections 607.0502, 617.0502, 607.0502, 607.0502, 607.0502, 607.0502, 617.0502, 607.0502, 617.0502 Linge is submitted for a c orporati on organized u	1508, or Conder the lo	517.1508, Florida nwe of the State of	Statutes, this DE
	er to change its registered office or registered a			
	and only	Ĭ		
1 The name of	the composition: CRYSTAL LAKE PLORIDA AF			
2. The principal	office address: 200 S. Los Robles Avenue, Su	ite 210, Pa	asadena, CA 9110	01
		<u>:</u>	· · · · · · · · · · · · · · · · · · ·	- <u></u>
3. The mailing a	address (if different):	<u> </u> 		
		1		
4. Date of incorp	poration/qualification: 12/12/2016	Document	number:	Ю00044
	d street address of the current registered agent a timent of State: (If resigned, enter resigned)	ind register	ed office on file w	with the
	Paracorp Incorporated			_
	155 Office Plaza Drive, 1st Floor			
	Tallahassee	FL	32301	_
6. The name and (if changed):	i street address of the new registered agent (if c	banged) ar	nd for registered of	
	Corporation Service Company			ILE 20
	1201 Hays Street			
	P.O. Box NOT accepta	bid		61 t
	Tallahassee	FL	32301	1 5 6
as changed will			•	
Such change wa authorized by th	is authorized by resolution duly adopted by its be board, or the corporation has been notified. Declaration of Trust	board of c	directors or by an of the change.	officer so
X,	us P GOWL JIM C	ilmil Lilmil		Authorized Person
Signatu	re of an attreer or director	Print	ed or typed name and tit	le
I further agree t performance of agent Or if thi	the appointment as registered agent and agre to comply with the provisions of all statutes re my duties, and I am familiar with and accept is document is being filed merely to reflect a c that the corporation has been notified in write n Service Company Declaration	the obligate hange in the hange in hange in the hange in hange in the	ie proper ana con tion of my position he registered offic	n as regisierea
By: DAGE	T Kubi	8/2017	Date	
If signing on bel	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
	ped or Printed Name			
	* * * FILING FEE: \$35	5.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)