F66060006033

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone#j)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name))
(Document Number)		
Certified Copies	Certificates of	f Status
Special Instructions to Filing Officer:		

Office Use Only



400251001874

08/29/13--01007--002 **25.00

13 AUG 29 PM 4: 42

ECRETARY OF STATE LLAHASSEE, FLORIDA



COVER LETTER

	gistration Section ision of Corporations	
SUBJECT	Tanglewood Apartments, LLC	
•	Name of Limited Liability Company	
Dear Sir or	Madam:	
The enclos	ed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning this matter to the following:	
	29	
Jef	frey Sanchez	
	Name of Person	
Jay	Zabel & Associates, Ltd.	
• .	Firm/Company	
55	West Monroe Street. Suite #3950 Address	
	Address	
Chi	cago, Illinois 60603	
-	City/State and Zip Code	
	nchez@zabellaw.com	
E-mail a	ddress: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
Jef	frey Sanchez at (312) 201-9800	
	Name of Person Area Code & Daytime Telephone Number	
	REET/COURIER ADDRESS: MAILING ADDRESS:	
	Registration Section Registration Section Division of Corporations Division of Corporations	
	ton Building P.O. Box 6327	
	1 Executive Center Circle Tallahassee, Florida 32314 ahassee, Florida 32301	
Enc	closed is a check for the following amount:	
. d	325 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	mpany:Tanglewood Apartments, LLC	
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	company: 1600 Pullen Road Tallahassee, Florida 32301	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	y: 1600 Pullen Röad Tallahassee, Florida 32301	
08/08/02	102000 02023 20223	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:	
Registered Agent:	Susan S. Thompson	
Registered Office Address:	3250 Thomasdville Road	
The state of the s	4th Floor	
	Tallahassee, Florida 32309	
(b) Enter name of NEW Registered Agent and	d/or NEW Registered Office address:	
NEW Registered Agent:	1560 Highroad, LLC	
NEW Registered Office Address:	1560 High Road	
<u>MUST BE FLORIDA STREET ADDRE</u>	Tallahassee ,FL 33304	
If the limited liability company is not organized un confirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the confirmed that the confirmed that the confirmed that the confirmed pareterment of the limited liability company or as the oriental agreement of the limited liability confirmed that the confirmed that after the change or changes are made and the business of the registered agent will be confirmed that after the change or changes are made and the business of the registered agent will be confirmed that after the change or changes are made and the business of the registered agent will be confirmed that the	be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative voterof otherwise provided in the articles of organization or	
Jeffrey Grinspoon, Pres. SBR En Printed or typed name of signee	terprises, Inc.	
I hereby escept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 60B, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.	
Signature of Registered Agent	Por 6327 Tellahassaa FI 32214	
). Box 6327, Tallahassee, FL 32314 FEE: \$25.00	