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(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	: #)				
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





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APR 1820A J. HARRIE



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 13, 2018

Order#: 160869/006

Re: TD TUSCANY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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 Seeman c/o Corporation Service Company 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

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: _TD TUSCANY, L	LC		
2	(a)	265 NORTH JOY STREET, SUITE 200	(b)	265 NO	RTH JOY STREET, SUITE 200
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		CORONA, CA 92879		CORONA	A, CA 92879
		05/27/2003		L030000	18958
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	BUSINESS FILINGS INCORPORATED			
	` '	Registered Agent and Registered Office shown on the records of the	e Florida l	Dept. of State:	:
		1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		Plantation , FL_	33324		
	(h)	Corneration Service Company			
	(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:	
		1201 Hays Street			•
		NEW Registered Office Address:			
		Tallahassee , FL_	32301		
the age wa	char ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited	he registed bility continuity the limit	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Thomas A. Day	Thom	nas A. Day,	
Signature of a member or authorized representative of a member 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President					