## L03000046390

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
		•				
(Bu	siness Entity Nar	me)				
(50	onioso Emily (10)					
(Document Number)						
(50	cument Number)	1				
Outration :	0 45					
Certified Copies	_ Certificates	s of Status				
· · · · · · · · · · · · · · · · · · ·						
Special Instructions to	Filing Officer:					
		•				

Office Use Only



200265718002

10/23/14--01018--002 \*\*25.00

CHELLE



11/4/14



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese kboese@cscinfo.com

Date: October 21, 2014

Order#: 299542/025

Re: 54 WESLEY CHAPEL 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:Katie Boese

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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: 54 WESLEY	CHAF	PEL LL	<u>C</u>	
2. (a	a) .	C/O The Goodman Company  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	(b)	Ma	iling address of limited liability company:  Note: MAY BE POST OFFICE BOX)
		777 SO. Flagler Drive, Suite 1101E  West Palm Beach, FL 33401		-		
3.		11/20/2003  Date of filing/registration in Florida		_ 4.	L030000463	390 Pocument number
٥,		<b>Q Q</b>		٦.	D	ocamen namoci
5. (	a)	Silvestri, Lawrence A Registered Agent and Registered Office shown on the records	of the l	Clorido I	Dont of States	
			or the	riorida i	Dept. of State:	
		C/O The Goodman Company	cos and	N E C C	<del></del>	
		Registered Office Address (MUST BE FLORIDA STREE	ET ADI	OKESS)		
		777 SO. Flagler Drive, Suite 1101E				6 23 FE
		West Palm Beach ,	FL_	33401		H. 3
(1	b) ,	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	red Off	ice addı	ress:	THED PH 2: 54 WHITE SEE, FLORIDA
		1201 Hays Street				
		NEW Registered Office Address:				
		Tallahassee	FL_3	32301		
the cagen	ha it w we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the street authorized by an affirmative vote.	s of the d liabil rs of th	e regist lity con ne limit	ered office a npany, it is he ed liability of	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signature of a member or authorized representative of a member				Dona Priebe, Authorized Person  Printed or typed name of signee		
I he prov the o to m notij	rel visi obli ere fied	by accept the appointment as registered agent and a completions of all statutes relative to the proper and completing to the proper agent as proving reflect a change in the registered office address, I in writing of this change.	ete per ided fo , I her	rforma or in Ci eby coi	n this capac nce of my du hapter 605, i ifirm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been