## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I20160000048
Phone : (800)345-4647
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## LLC REGISTERED AGENT CHANGE COLLEGE PARK MANAGEMENT, LLC

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

Parsi submi Florid	uant to the provisions of sections 60 its the following statement in orde da.	5.0114 or 605.0116, ir to change its region COLLEGE PA	istered (	office or res	zistered age:	nt, or both, is	ility co. n the Si	mpany tate of	
1. N	ame of the Limited Liability Company	1 "	- 10 XIX IVI	Paritoli	(LIVI) LLC	•			
2. (a)	12700 HILL COUNTRY BLVD, STE T-200 Principal office eddress of limited liability company: (Note: MUST BE STREET ADDRESS)			(b) 12700 HILL COUNTRY BLVD, STE T-200  Mailing address of limited lightity company:  (Note: MAX BE POST OFFICE BOX)					
	AUSTIN, TX 78738	AUSTIN, TX 78738							
3.	7/9/2004  Date of filing/registration		4,		051334 Document n	;-	on the second	7	
5. (8	a) CT CORPORATION SYST Registered Agont and Registered Office of 1200 SOUHT PINE ISLAN	shown on the records of t	be Florida	Dept, of State	:		って	MO	
	Registered Office Address MUST B		DDRESS	72			721		
	PLANTATION	,FL	3332	4		·			
(b	Capitol Corporate Services  Entername of NEW Resistered Assets  515 East Park Avenue 2nd  NEW Registered Office Address:	and/or <u>NEW Restatered</u>	Office ad	dress:					
	Tallahassee	, FL,	3230	1					
the cagent	e limited liability company is not org hange or changes are made, the Flor t will be identical. Or, in the case of write authorized by an affirmative verticles of organization or the operati	ids street address of a Florida limited lise ote of the members o	the regi bility of f the lin	stered office ompany, it is nited liability liability com	and the bus hereby conf y company o pany.	iness office of firmed that the r as otherwise	the reg change provide	(8)c	
Sig	patture of a member or authorized represents	tive of a member		Steve	Beinke. Y Printed or type	Vice Presided name of signice	<u>ent</u>	<del></del>	
I her provi the o to mu notifi	reby accept the appointment as regi- isions of all statutes relative to the p soligations of my position as register erely reflect a change in the register led in writing of this change.	stered agent and agr roper and complete red agent as provide red office address, I l	ee to ac perform d for in t pereby c	t in this cape agree of my i Chapter 605 confirm that	acity. I furth duties, and I , F.S. Or, if the limited U	er agree to co am familiar w inis document ability compa	mply w vith and is bein ny has l	ith the accept g filed seen	
	Delana Casa			•	t Secretar	•			
Sign	sture of Registered Agent		•	•	rate Servi				
	Division of Co	orporations P.O. I	sox 632'	7• Tallahas	sec, FL 323	14			

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