## L05000117964

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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 25, 2015

Order#: 540425/031

Re: MELODY PLACE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Janis M. Smith 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.

3. 5. (a) Reg	205 M-1 D			
3. 5. (a) Reg Reg M	995 Mahogany Run Lane	(b)	7995 N	Mahogany Run Lane
5. (a) Reg	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
5. (a) Reg	Naples FL 34113		Naples,	FL 34113
5. (a) Reg	12/09/2005		L050001	17964
Reg	Date of filing/registration in Florida	4.	•	Document number
Reg   24   Reg   M	William G. Morris			
Reg	gistered Agent and Registered Office shown on the records of	of the Florida	Dept. of Stat	te:
	247 N COLLIER BLVD, Suite 202			
	egistered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		_
				O
(b) Co	Marco Island, F	L 34145		SECRET NVISION OF TAR
(0)	Corporation Service Company			R 27
Ente	ter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	ress:	<b>ာ</b> အိုရင်း <b>ဘ</b> အိုရင်း
12	201 Hays Street			1 : 2
NE	EW Registered Office Address:			- 0 %
				_
Та	allahassee , F	FL <u>32301</u>		_
the change agent will l was/were a	ted liability company is not organized under the le or changes are made, the Florida street address be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the	of the regist liability con s of the limi ne limited li	ered offic npany, it i ted liabilit ability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signature	f a member of authorized representative of a member	Dona	i Priebe, A	Authorized Person  Printed or typed name of signee
I hereby a provisions the obligat to merely r	accept the appointment as registered agent and a sof all statutes relative to the proper and completions of my position as registered agent as provide reflect a change in the registered office address, a writing of this change.	gree to act le performa ded for in C I hereby co	in this cap nce of my hapter 60: nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00