106000031126

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Capaint Instructions to Filing Officer						
Special Instructions to Filing Officer:						

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D. SCOTT 0CT 2 4 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: October 18, 2016

Order#: 325851/001

Re: 2017 FIESTA, 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.

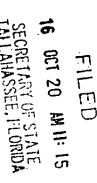
XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell 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: 2017 FIESTA, LL	_C		
2.	(a)	2017 Fiesta Drive		2017 Fiesta Drive	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ()		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Sarasota, FL 34231	- -	Sarasota	, FL 34231
		03/24/2006		L0600003	1126
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Karins, David G			
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		2017 Fiesta Drive			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		<u> </u>			
		Sarasota , FL	34231		a. :
					44 6
	(b)	Corporation Service Company			萨岛岛 为
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:	
					PALED MI: 16 OCT 20 MI: 16 CRETARY OF STATE
		1201 Hays Street			Fig. 2
		NEW Registered Office Address:			
					F-1
		Tallahassee ,FL_	32301		
the age	char ent w s/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the liab	he regist pility con 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
/s/ David Karins David Karins, A					uthorized Person
Signature of a member or authorized representative of a member					Printed or typed name of signee
pro the to	ovisio obli mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he in writing of this change.	e to act i verforma for in Ci vreby con	n this capa nce of my a hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Sig	natur	e of Registered Agent Corporation Service Company	BY: Gra	ace E. Kirl	by, Asst. Vice President
					WY 24244

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