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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(Cil	grotaterzip/FHOIII	<i>u n j</i>					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Sasmoss Emily Harry)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
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JAN 28 2016 J SHIVERS



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: January 26, 2016

Order#: 950500/015

Re: S/SPRING HILL, 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.

1.	Na	me of the limited liability company: S/SPRIM	NG HILL, LL	.C		
2.	(a)	Attn: Robert Esposito		(b)		
	()	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		()		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		301 E. Las Olas Boulevard, 7th Floor		_		
		Ft. Lauderdale, FL 33301				
		05/17/2007			L0700052	996
3.		Date of filing/registration in Florida	4	١.		Document number
5.	(a)	Robert Esposito, c/o Stiles Corporation				
. ,	(4)	Registered Agent and Registered Office shown on the re	ecords of the F	lorida I	Ocpt. of State	:
		301 E. Las Olas Boulevard, 7th Floor				
		Registered Office Address (MUST BE FLORIDAS	TREET ADD	RESS)		
		Ft. Lauderdale	, FL3	3301		=
	(b)	Corporation Service Company				16. SECH ALLA
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	egistered Offi	ce addr	ess:	JAN 27 AM &: RETARY OF SIA AHASSEE, FLOR
		1201 Hays Street				SEE SEE
		NEW Registered Office Address:				
						OS OF THE STATE OF
						0 .
		Tallahassee	, FL 32	2301		در
						·
the ag wa	e cha ent v as/wa	imited liability company is not organized underinge or changes are made, the Florida street adwill be identical. Or, in the case of a Florida literer authorized by an affirmative vote of the medies of creamization or the expension agreement.	ldress of the mited liabili embers of the	registe ity con e limit	ered office npany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in
		12		Dona	Priebe, A	uthorized Person
_	Signa	tule of a plember or a tradized representative of a member	er		•	Printed or typed name of signee
pr the to	ovisi e obl mer	by accept the appointment as registered agent ions of all statutes relative to the proper and co igations of my position as registered agent as ly reflect a change in the registered office all alin writing of this charte	and agree to omplete perj provided for dress, I here	o act i formai r in Cl by cor	n this cape nce of my c napter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Si	griatu	re of Registered Agent Corporation Service Con	<u> </u>	Y: Sy	lvia Quer	opet, Asst. Vice President

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