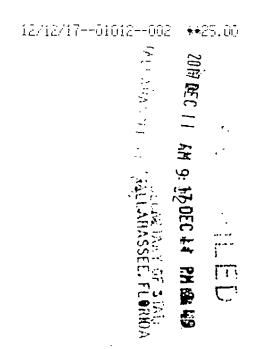
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(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: December 7, 2017

Order#: 942726/001

Re: 1750 SOUTH LANE, 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:Mary Rivers c/o Corporation Service Company 251 Little Falls Drive 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.

I.	Na	me of the limited liability company: 1750 SOUTH LA	NE, LLC	<u></u>			- · -	_
2.	(a)	125 W. ROMANA STREET	(b)	1750 SC	OUTH LANE			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	lailing address o (Note: MAY E			
		SUITE 800	_	SUITE 1				
		PENSACOLA FL 32502	-	MANDEV	ILLE, LA 704	71		
		07/20/2007	_	L07000075		<del></del>		<u></u>
3.		Date of filing/registration in Florida	4.	ĺ	Document nu	ımber		
5.	(a)	MANNING, A ALAN						
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		125 W. ROMANA STREET				, . 	<u> </u>	17
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	1		<u>}.</u>		<u> </u>
		SUITE 800	<del></del> .			S.S.	<u> </u>	 
		PENSACOLA, FL	32502			(iii (iii	ିଟ <b>ଅ</b> ଫୁମ <b>ଅ</b>	i
	(b)	Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered O	Office add			FLORM		) <u> </u>
		Enter name of NEW Registered Agent and of NEW Registered O	THE MU	<u>11 ess</u> .		3.	, Wa	3
		1201 Hays Street						
		NEW Registered Office Address:						
		Tallahassee, FL	32301					
the age was the	char nt w s/we artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of th ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis fility con the limi mited li	tered office mpany, it is ited liability iability comp	and the busing hereby confictions company or pany.	ness office rmed that t as otherwis	of the r he char se provi	egistered ige(s) ided in
		John D. Philyman				416-11	PW	<u> </u>
S	ignatı	ure of a member or authorized representative of a member	<u> </u>		Printed or types Authorize	I name of sign	nee A	
I h pro the to n not	ereb visio obli nere ified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	to act erforma for in C reby co	in this capa ince of my d hapter 605, nfirm that th	city. I furthe uties, and I a F.S. Or, if the he limited lia	r agree 10 c m familiar his docume bility comp	comply with ar nt is be any ha	with the id accept ing filed s been
	X	Inoca to Kuble						
Sig	naiun	of Registered Agent Corporation Service Company	BY: GI	RACE E. K	IRBY, ASS	SIST. VP		