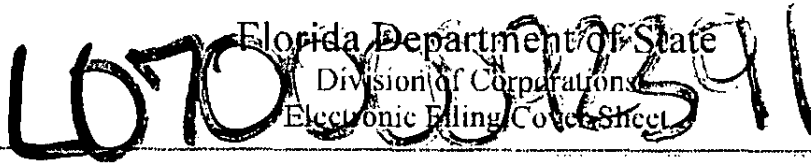


1/25/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
17 JAN 25 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
VILLAGE POINTE AT TRADITION, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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Help

D. SCOTT

JAN 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VILLAGE POINTE AT TRADITION, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anita Young

Name of Person

Aegon USA Realty Advisors, LLC

Firm/Company

4333 Edgewood Rd NE, MS 5555

Address

Cedar Rapids, IA 52499

City/State and Zip Code

alyoung@aegonusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita Young

Name of Person

at (319)

355-4147

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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17 JAN 25 AM 7:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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. Name of the limited liability company: VILLAGE POINTE AT TRADITION, LLC
2. (a) C T Corporation System
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1200 South Pine Island Road
Plantation, FL 33324
9/10/2007
- (b) C T Corporation System
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1200 South Pine Island Road
Plantation, FL 33324
L07000092381
3. Date of filing/registration in Florida
4. Document number

5. (a) CORPORATE CREATIONS NETWORK, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11380 PROSPERITY FARMS ROAD #221E

PALM BEACH GARDENS, FL 33410

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David C. Feltman
Signature of a member or authorized representative of a member

David C. Feltman
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System
Signature of Registered Agent James Halpin, Assistant Secretary

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

INHS18 (2/14)

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17 JAN 25 AM 7:43
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