Division of Corporations

7/11/2019

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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LLC REGISTERED AGENT CHANGE JLCO, LLC

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Electronic Filing Menu

Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ACENT 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.

l. Na	me of the limited liability company: ILCO, LLC						
2. (a)		(b)				
(, .	Principal office address of limited tiability company: (Nate: MUST BE STREET ADDRESS)		- / 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No change		No change	:	<u></u>		
	05/14/2008		1.08000048	.121			
3.	Date of filing/registration in Florida	_ 		Document	t number		
5. (a)	Eleo Landmark Residential Management LLC						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 4890 Kennedy Boulevard Suite 240 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				S	201	
	Tampa, FI	L_33609			ORETARY OF ST FALLAHASSEE, F	21 JUL 12	دو مصر
41.3	C T Corporation System				¥ 5	-2	1
(b)	Enter name of NEW Registered Agent and/or NEW Registeres	d Office	iddress:		388 10.	골	
	1200 South Pine Island Road				E, FI	$\ddot{\omega}$	C
	NEW Registered Office Address:					24	
	Suite 250				, .		
	Hantelon F	L 33324		· 			
the chi agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Organ the case of a Florida limited by the ere authorized by maffirmative vote of the members ticles of organization or the operating agreement of the	inthe re liability of the i e limite	gistered om company, it imited liabil	is hereby o ity compan	onfirmed that th	e chang	g1310101 (c(5)
Signa	ature of a member or authorized representative of a member			Printed or	typed name of signs	æ	
I here provis the ob- to men	nby accept the appointment as registered agent and as cions of all galtutes relative to the proper and complet ligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to a le perfoi led for i I hereby	nct in this commune of m mance of m n Chapter of confirm the	ipacity. I fi y duties, an DS, F.S. Or it the limite Frad V	orther agree to c d I am famillar v , if this documer d liability compo OUNAN	omply w with and it is bein any has	vith the i accep ng filea been
Ву:	CT Corporation System	<u> </u>					
Signat	ure of Registered Agent		ASSIS	tant S	ecretary	f	
Signar	ure of Registered Agent Division of Corporations P.O.	. Hox 63			Secretary 32314	/	

Division of Corporations FILING FEE: \$25.00