080000	19542080845 From: Renae McGrav
Division of Corporations	

7/11/2019

To:

Page 2 of 3

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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19542080845 From Ranae McGraw

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuum 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 affice or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: <u>ALCO II, LLC</u>				
		(b)			
- (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)			
	No change	No change			
		<u>``</u>			
	05/14/2008	103000	048179		
3.	Dute of filing/registration in Florida	4.	Document number		-
e (4)	Filco 1 andmark Residential Management LLC				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	4890 Kennedy Boulevard Suite 240			TI 05	
	Kegistered Office Address (MUST BE FLORIDA STREET ADDRESS)			2019 JUL 12 SECRETARY TALLAHA	1 1 1
	Tampa, FL	33609		10 Th	5
(b)	C T Corporation System		····· •	PH 2: OF ST SEE, F	$\overline{\mathbf{O}}$
	Enter name of NEW Registered Agent and'or NEW Registered	l Office address:		PA 3	
	1200 South Pine Island Road			rri 🗸	
	NEW Registered Office Address:				
	Suite 250				
	Plantation Fl	33324			
the cha agent ' was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by artaffirmative vote of the members - icles of organization or the operating agreement of the	ws of the State of f the registered of iability company of the limited lize e limited liability	office and the business off , it is hereby confirmed the ibility company or as other company.	here of the registered hat the change(s)	đ
<u> </u>	sture of a member filavrized representative of a member	James Mille	Printed or typod name o	of signee	-
I here provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations from position as registered agent as provid ety reflue a change in the registered office address, I	ree to act in this e performance of ed for in Chapte hereby confirm		· · ·	:)(i
notifie By:	d in writing of this change. CT Corporation System		Alfred Youna		
	ure of Registered Agent	•	sistant Secre		
	Division of Corporations• P.O.			*	
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