Division of Corporations

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : RICHARD G. COKER, JR., F.A.

Account Number : I20010000145

: (954)761-3636

Fax Number : (954)761-1818

\*Ehter the email address for this business entity to be used for future Annual report mailings. Enter only one email address please. \*\* Empil Address:

## LLC REGISTERED AGENT CHANGE RANCHO SANTA TERESITA, LLC

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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI		***************************************				
	Na	me of Limit	ed Liability Company	•		
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Of	fice Change	and fec(s) are submitted for filing.			
Please	return all correspondence concerning the	his matter to	the following:			•
Rod A	A. Følner					
	Name of Person					
Coke	r & Feiner					
	Firm/Company		· · · · · · · · · · · · · · · · · · ·	70	هـــ	
1404	South Andrews Avenue			ि हिं इन्हें इन्हें	30 7	
	Address				<u> </u>	Call Actions
Fort L	euderdale, FL 33316				7 23	
	City/State and Zip Code	······································		3	بن	
rafein	er@coker-feiner.com			<u> 연구</u>	72	
Ē	mail address: (to be used for future an	nual report i	notification)	•		
For fur	ther information concorning this matter	, please call	<b>:</b>			
Rod A	. Feiner	954 at (	761-3636			
_	Name of Person		Area Code & Daytime Telephone	e 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:				
	2 \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18	(2/14)					

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## 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.

Name of the limited liability company: Rancho Sar	nta i ere		<u>.                                    </u>				<del></del>
n)		(b)					
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			•	address of limite MAY RE POS	_	7	ŗ:
12126 Indian Mound Road		1212	6 Indian	Mound Ro	ad		
Wellington, FL 33449		Welli	ngton, F	L 33449	-	···	
5/22/2014		L0800	0101391	l			
Date of filing/registration in Florida	— 4.		Docu	ment number			
_, GY Corporate Services, Inc.							
a) Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of	State:				
777 South Flagler Drive				•			
Registered Office Address (MUST BE FLORIDA STREE	TADDRE	<b>22</b> )			A	14	
Ste 500 East					> (2)	30	-
West Palm Beach	<sub>PL</sub> 3340	1			31.7	4	1 1
Enter name of NEW Restatered Agent and/or NEW Register  Coker & Feiner	red Office s	ddress:			(大) (大) (大)	PM 3: 12	C
NEW Registered Office Address:							
1404 South Andrews Avenue							
Fort Lauderdale ,1	<sub>FL</sub> 3331	6	<u>.</u>				
e limited liability company is not organized under the change or changes are made, the Florida street address at will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member prices of organization or the operating agreement of the	of the reg liability s of the li	gistered o company, mited lial l liability	ffice and t it is hereb pility comp company.	he business o by confirmed pany or as oth	office of the that the concerning property of the concerning of th	he regi hange( rovideo	stered (x) d in
gnature of a member or authorized representative of a member			Printe	d or typed name	consignoo		
ereby accept the appointment as registered agent and a visions of all statutes relative to the proper and comple abligations of my position as registered agent as provi- verely reflect a change in the registered office address, fied in writing of this change.	igree to a le perfor ded for in I hereby	ct in this mance of Chapter confirm t	capacity. my dutles, 605, F.S. hat the lin	I further agri and I am fan Or, if this do nited liability	ee to com nillar with cument is company	ply with and a s being has be	th the tocept filed sen
nature of Registered Agent	~						