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SECHETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Applegate Devel	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:				
Susan Jacius Name of Person Applegate Developm Firm/Company	ent MSA LUC				
485 E South Street					
Jackson MT 492 City/State and Zip Gode	03				
E-mail address: (to be used for future annua					
For further information concerning this matter, pl	ease call:				
Susan Jacink	at (517) 783-7646				
Name of Person	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				

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.

riori	$\mathcal{A}a$.	Α	` .	A	
1. 2	Same of the limited liability company:	1700 legate	Developm	rent USA	+ LLC
2. (a)	(h	1		
2, (Principal office address of limited liabilit	y company:	Mailing add	lress of limited liability of the control of the co	
	(None: MUST BE STREET ADD) 1141 NW 315+ AYEN		1		reet
	· _				
	Pompano Beach, F	1 27000		7, MI 492	3.07
	9/11/09 054.9/4	19	L-0900	0088354	<u> </u>
3.	Date of filing/registration in Flo	orida 4.	Docume	nt number	
5. (a	Registered Agent and Registered Office shown o	Applegate	Don't of Status		
		^ .	Dept, or State.		
		LIVA (MIT	<u>. </u>		
				Fo -	
	Buca RAton	FL	187	19 JU	
				JUN 10 JEREGAR JAHASS	777000
(b		1-pplegate		:•; →:	
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office add	dress:		J
	1705 S Ocean B	pule var d		AN IS 03	;
	NEW Registered Office Address:	1001 12		, >	
	Delray Beach	.r. <u>37</u>	3483		
If the	I limited liability company is not organized	under the laws of the	State of Florida, it is	s hereby confirmed	that after
the ch	ange or changes are made, the Florida strowill be identical. Or, in the case of a Flor	eet address of the regis	stered office and the	business office of the	he registered
was/w	vere authorized by an affirmative vote of the ticles of organization or the operating agre	he members of the lim	ited liability compan		
cric all	released organization of the operating agree	ement of the limited (Richard	Appleante	
Sign	ature of a member or authorized representative of a	member		typed hame of signee	112.

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.

Signature of Registered Agent