## 209000/04257

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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JUL 20 2018

## COVER LETTER ,

TO: Registration Section Division of Corporations				
SUBJECT: VILLAGES OF SOUTHWEST PLAZAS, LLC  Name of Limited Liability Company				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Erick D. Langenbrunner, Esq.				
Name of Person				
Holding Company of The Villages, Inc.				
Firm/Company				
3619 Kiessel Road				
Address				
The ACHERON Florida 00400				
The Villages, Florida 32163  City/State and Zip Code				
Only, state and 15th Code				
legalnotices@thevillages.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Christi Jacquay at ( 352 ) 753-6612				
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				

INHS18 (2/14)



## 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. N	ame of the limited liability company: VILLAGE	S OF SOUT	HWEST PLAZAS, LLC
	3619 Kiessel Road		3619 Kiessel Road
2. (u)	Principal office address of limited liability company ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	The Villages, Florida 32163		The Villages, Florida 32163
	10/28/2009	L	.09000104257
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Erick D. Langenbrunner, Esq.		
J. (u	Registered Agent and Registered Office shown on the recor	ds of the Florida I	Dept. of State:
	1020 Lake Sumter Landing		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	
			££ <b>75</b>
	T1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	00400	
	The Villages	_, FL32162	
(1.)			TILED P
(b)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office addr	ress:
	3617 Kiessel Road		26 15
	NEW Registered Office Address:		<del></del>
	The Villages	, FL 32163	
Sign  I heroprovite the obto me	will be identical. Or, in the case of a Florida limit yere authorized by an affirmative vote of the memb ticles of organization or the operating agreement of ature of a member of authorized representative of a member	ss of the registed liability convers of the limited lize Erick	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in

Signature of Registered Agent Erick D. Langenbrunner, Esq.