## 11100001033

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	,
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ						
	Nam	e of Limite	d Liabi	lity Company		
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offi	ce Change	and fee	(s) are submitted for filing	<b>;.</b>	
Please	return all correspondence concerning thi	s matter to	the foll	owing:		
Chac	I Dewald					
-	Name of Person	<del></del>				
Fran	klin Street Mangement Services					
	Firm/Company		<u>.</u>		<i>:</i> ,	23:13
600	N Westshore Blvd Suite 600					AUH 11.72
	Address					-2
Tam	pa, FL 33609					> છ
	City/State and Zip Code					. 25
cdev	vald@franklinstreetrs.com				7.	٠.
**	E-mail address: (to be used for future ann	ual report r	notifica	tion)		
For fu	orther information concerning this matter.	please call	:			
Chad	d Dewald	813 at (		839-7300 ext 309		
	Name of Person		1	Area Code & Daytime Tele	phone N	umber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O. I	tration Section ion of Corporations Box 6327 hassee, Florida 32314		
	Enclosed is a check for the following	amount:				
	<b>2</b> \$25 Filing Fee		\$55	Filing Fee & Certified Cop	рy	

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.	Na	me of the limited liability company:	ake, LL				
2.	(2)	Damian Jimenez	_ (b)				
<b>.</b>	(ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		2565 Park Ridge Dr					
		Escondido, CA 92025	<del>-</del>				
		7/22/2011	L	.1100008	1033		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(0)	Cockey, Preston OJR					
٥.	(a)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	: ::	<u>ب</u>	
						VOIL 11.08	7
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•		جمور . معبد ج	
		110 E Madison St Suite 204				- 2	· ~q
		Tampa,FL	33602		· · ·	$\triangleright$	ָר: כ
				ont		ထ္	
	(b)	Chad Dewald Vice President - Multifamily Ma				. 25 5	
		Enter name of NEW Registered Agent and/or NEW Registered	Othice and	ress:			
		Franklin Street Management Services					
		NEW Registered Office Address:			•		
		600 N Westshore Blvd Suite 600			-		
		Tampa , FL	33609				
the ago wa the	charty s/we arts iigna iiere ovisi i obi	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the little of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete ligations of this change.	the regis shility co f the limited li  ee to act	in this cape	e and the business of shereby confirmed by company or as other and the pany.  Printed or typed name activ. I further agree duties, and I am to	that the cherwise property of signee	e registered ange(s) ovided in ovided in oly with the

Signature of Registered Agent