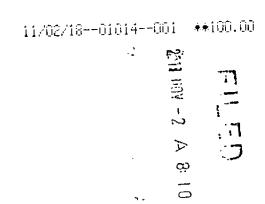
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COVER LETTER

TO: Registration Section Division of Corporations			
DJ Villas South, LLC			
	me of Limite	ed Liability Company	·
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change	and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to	the following:	
Chad Dewald			_
Name of Person			271 1.04
Franklin Street Mangement Services			
Firm/Company			2
600 N Westshore Blvd Suite 600			ф ,
Address	-		.:
Tampa, FL 33609			
City/State and Zip Code		- 	
cdewald@franklinstreetrs.com			
E-mail address: (to be used for future a	nnual report	notification)	
For further information concerning this matter	er, please cal	1:	
Chad Dewald	813	839-7300 ext 309	
Name of Person	at (Area Code & Daytime Tele	phone 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	ng amount:		
☑ \$25 Filing Fee		S55 Filing Fee & Certified Cop	y

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.

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1000096603 Document number ept. of State:
Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) 1000096603 Document number
(Nate: MAY BE POST OFFICE BOX) 1000096603 Document number
Document number
Document number
Document number
pt. of State:
ept. of State:
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tate of Florida, it is hereby confirmed that after cred office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. DHMIN JIMENET Printed or typed name of signee of this capacity. I further agree to comply with the coof my duties, and I am Jamiliar with and acceptance of my duties, and I am Jamiliar with and acceptance of the complete of the company has been firm that the limited liability company has been