## 111000130582

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

Office Use Only



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03/21/18 -01012--025 \*\*25.00

SECRETARY DE STATE

S. WARREN MAR 2 2 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 19, 2018

Order#: 122368/023

Re: 5118 56TH LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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. 19	ame of the limited liability comp				
2. (a)	Principal office address of lim	ited liability company:	(b	)	Mailing address of limited liability company:
	(Note: MUST BE STR				(Note: MAY BE POST OFFICE BOX)
	5118 N 56TH STREET			P.O. BC	X 311029
	TAMPA, FL	33610		_TAMPA	, FL 33680
	11/16/2011			L1100	00130582
3.	Date of filing/registrat	ion in Florida	4.		Document number
5. (a)	1				
J. (u)	Registered Agent and Registered Office	ce shown on the records of	the Florida	Dept. of Sta	ate:
	MCINTYRE, RICHARD J, ES	Q.			
	Registered Office Address (MUST	BE FLORIDA STREET	ADDRESS	ž	
	501 EAST KENNEDY BOUL	EVARD SUITE 1900			
	TAMPA	, FI	33602		T AR 2
					SEC -
(b)					
	Enter name of NEW Registered Ages	nt and/or <u>NEW Registered</u>	l Office add	<u>iress</u> :	AM III: 10
	1201 Hays Street				apr 10
	NEW Registered Office Address:				_
					_
	Tallahassee	, FI	_ 32301	-	
the chagent was/was/was/was/was/was/was/was/was/was/	ange or changes are made, the Fl will be identical. Or, in the case ere authorized by an affirmative icles of organization or the opera-	orida street address of a Florida limited livote of the members	f the regis ability co of the lim	tered offic mpany, it ited liabili	lorida, it is hereby confirmed that after ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	LBERTO DE ALEJO ature of a member or authorized representations.	ntativa of a membar	Albe	rto De Ale	Printed or timed name of giorge
I here provis the ob	by accept the appointment as re ions of all statutes relative to the ligations of my position as regist ely reflect a change in the regist d in writing of this change.	gistered agent and ag	ree to act e performe ed for in C hereby co	in this cap ance of my Chapter 60 onfirm thai	Printed or typed name of signee  pacity. I further agree to comply with the  pauties, and I am familiar with and accep  5, F.S. Or, if this document is being filed  t the limited liability company has been
Signati	ire of Registered Agent Corporation	Sarrias Company	BV· G	race F K	irby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00