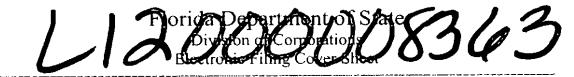
1/5/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000006449 3)))



		<del></del>	
To:			سار الراب ع
	Division of Co	rporations	;: 28
		: (850)617-6383	· · · · ·
From:			
	Account Name	: REGISTERED AGENT SOLUTIONS INC	
		: I2010000 <del>0</del> 062	<u> </u>
	Phone	: (888)705-7274	- History 1
	Fax Number	: (888)706-7274	

## LLC REGISTERED AGENT CHANGE DEL PRADO BLVD LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help O SHAMONS 01/05/18 09:14AM PST Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 3/4



## **COVER LETTER**

TO:		istration Section sion of Corporations						
SUBJI	г¢т.	DEL PRADO BLV	/D LLC	•				
SCDJI	ECI.	Name of Limited Liability Company						
Dear S	ir or l	Madam:						
The en	close	d Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.				
Please	returi	all correspondence concerning th	is matter to the fo	ollowing:				
MA	RO	OT MULLIN						
		Name of Person	\$	<del>-</del> ;;				
Regis	stere	d Agent Solutions, Inc.						
		Firm/Company	······································					
1701	Dire	ctors Blvd, Suite 300						
		Address	***	<del></del>				
Austi	in, TX	< 78744						
		City/State and Zip Code		_				
notic	es@	rasi.com						
1	E-mail	address: (to be used for future and	mal report notific	cation)				
For fu	rther i	information concerning this matter,	please call:					
MA	RC	OT MULLIN	888 at (	705-7274				
	_	Name of Person		Area Code & Daytime Telephone Number				
	Reg Div Clit 266	REET/COURIER ADDRESS: cistration Section ision of Corporations from Building 1 Executive Center Circle lahassee, Florida 32301	Reg Div P.O	ILINGADDRESS: distration Section ision of Corporations . Box 6327 lahassee, Florida 32314				
	Enc	closed is a check for the following	; amount:					
	<b>2</b> 1 9	325 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy				
INHST	8 (2/1	4)						

## 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

Florid	a,	_					
1. N	ame of the limited liability company: DEL P	RADO B	LVDL	LC			
2. (a)			(b)		<u>.                                 </u>		
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny:			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	3108 DEL PRADO BLVD S CAPE CORAL, FL 33904		Suite	Camden Ros 107-245 otte, NC 282			
	01/18/2012		<u>!</u> _120	00008363	3		
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)	Registered Agent and Registered Office shown on the rec ROSENTHAL, KERRY E Registered Office Address (MUST BE FLORIDA ST 20900 NE 30TH AVE SUITE 600 AVENTURA, FL 33180	REET ADDRE	<u> </u>	State:	18 JAH - 5 AM 10: 10		
	155 Office Plaza Dr., Suite A			<del></del>			
	Tallahassee	, FL_3230	1				
the chagent was/withe art Signal I here of the obtoner	limited liability company is not organized under lange or changes are made, the Florida street add will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the menticles of organization or the operating agreement ERRICK TAUB  atture of a member or authorized representative of a member leave accept the appointment as registered agent a spin or of all statutes relative to the proper and configutions of my position as registered agent as prely reflect a change in the registered office addressed in spring of this change.	lress of the renited liability or the limite of the limite	gistered o company, imited lial d liability ERRICI	ffice and the bilit is hereby conflity company company.  K TAUB  Printed or the company of the c	usiness office of the registered on firmed that the change(s) or as otherwise provided in MANAGER  yped name of signee		

Division of Corporations • P.O. Box 63275 Tallahassee, FL 32314 FILING FEE: \$25 90

Justine Karnell

Signature of Hegistered Agent Assistant Secretary