11200052547

(Re	questor's Name)							
(Ad	dress)							
(Ad	dress)							
(City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL						
(Bu	siness Entity Nan	ne)						
(Document Number)								
Certified Copies	_ Certificates	of Status						
Special Instructions to Filing Officer:								

Office Use Only



900309049909

03/21/18--01012--015 **25.00

SECRETARY OF STATE

HARRIS J. HARRIS



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#: 122368/025

Re: 5800 UNIVERSITY 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 N	ame of the limited liability company: _	5800 UNIVERSI	TY LLC						
2. (a)				· · · ·					-
2. (a)	Principal office address of limited liab	oility company:	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				-
	5118 N 56TH STREET P.0			P.O. BO	D. BOX 311029				
	TAMPA, FL	33610		TAMPA,	FL 33680				_
	04/18/2012		_	L1200	0052547				_
3.	Date of filing/registration in	Florida	4.		Document num	ber			
5. (a)									
```	Registered Agent and Registered Office shows	n on the records of th	ne Florida I	Dept. of Stat	e:				
	MCINTYRE, RICHARD J, ESQ.								
	Registered Office Address (MUST BE FL	ORIDA STREET A	DDRESS)		<del>-</del>				
	501 EAST KENNEDY BOULEVAR	D SUITE 1900			_	***			
	TAMPA	, FL_	33602		_	SE	28 18		
(b)	Corporation Service Company						MAR	*****	A
, ,	Enter name of NEW Registered Agent and/or	NEW Registered C	Office addr	ress:	_	AHASSEE	2		. *
	1201 Hays Street					E CO	7		4
	NEW Registered Office Address:				<b>.</b> ,	F STATE	£0:1	again.	
	Tallahassee		22204	<u> </u>	-	•			
	Talianassee	, FL_	32301						
the chagent was/w	limited liability company is not organiz ange or changes are made, the Florida s will be identical. Or, in the case of a Fl ere authorized by an affirmative vote of icles of organization or the operating ag	street address of t lorida limited liat f the members of	the registed bility con the time.	ered offic npany, it i ed liabilit	e and the busines s hereby confirm y company or as	ss office of ned that the	the r	egistered ige(s)	i
	LBERTO DE ALEJO	-		•	o, Authorized Pe	erson			
Signa	ature of a member or authorized representative o	f a member			Printed or typed na		;		-
I here provis the ob to mer notifie	by accept the appointment as registered ions of all statutes relative to the prope ligations of my position as registered of ely reflect a change in the registered of d in writing of this change.	d agent and agre r and complete p gent as provided ffice address, I h	e to act in performan for in Ch ereby con	n this cap nce of my hapter 603 ifirm that	acity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	agree to co familiar w document lity compar	mply ith ar is be ny ha:	with the id accept ing filed s been	ţ

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President