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(Business Entity Name)							
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APR 24 2015

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 15, 2015

Order#: 540425/084

Re: 8500 PLACIDA HOLDINGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.	Na	me of the limited liability company: 8500 PLACIDA	HOLDIN	IGS, LLC			
2. (a)	7995 Mahogany Run Lane	(h)			
2 . (, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		dailing address of lim (Note: MAY BE PO	-	
		Naples, FL 34113	-				
		06/14/2013		L1300008	6422		
3.		Date of filing/registration in Florida	4.		Document number	er	.
5. (a) (b)	(a)	William G. Morris, Esq. Registered Agent and Registered Office shown on the records of the 247 N. Collier Boulevard, Suite 202 Registered Office Address (MUST BE FLORIDA STREET A.)			: }	70	ភា
	b) .	Marco Island , FL 34145				·~	APR 17 PH 2011
		1201 Hays Street NEW Registered Office Address:					
		Tallahassee , FL_	32301				
the ager	cha it w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility co the lim	tered office mpany, it is ited liability	and the business hereby confirmed company or as o	office of the d	ne registered hange(s)
	/		Dor	na Priebe, A	uthorized Person		
prov the to	visio obli iere	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete juditions of my position as registered agent as provided by reflect a change in the registered affice address, I have in writing of this change.	re to act performa for in C ereby co	in this capa ance of my a Chapter 605, onfirm that t	Printed or typed nam icity. I further ag luties, and I am fo F.S. Or, if this a he limited liabilit	ree to com	ply with the n and accept being filed has been

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

Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President