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SEP 0 9 2015 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	560 31st St. S.W., LLC					
	Name of Limited Liability Company					
Dear Si	ir or Madam:					
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this n	natter to the following:				
Mark	Eastman					
	Name of Person					
560 3	1st. S.W., LLC					
	Firm/Company					
555 1	8th Ave. South					
	Address					
Naple	es, Fl. 34102					
	City/State and Zip Code					
meas	tman@divcohomes.com					
E-	-mail address: (to be used for future annual	report notification)				
For fur	ther information concerning this matter, ple	ease call:				
Mark I	Eastman	239 253-6636				
	Name of Person	Area Code & Daytime Telephone 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 am	nount:				
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				
INHS18	3 (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.

rioria			•				
1. Na	ame of the limited liability company: 560 31st.	S.W., LL	.C	.			
2. (a)	560 31st. S.W., LLC		(b) 560 31s	t. S.W., LLC			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	555 18th Ave. South		555 18th	555 18th Ave. South			
	Naples, Fl. 34102		Naples,	Fl. 34102			
	06-20-2013		L1300008	39280			
3.	Date of filing/registration in Florida	4.		Document num	ıber		
5. (a)	CT Corporation						
J. (a)	Registered Agent and Registered Office shown on the record	is of the Flo	rida Dept. of State	- ; ;			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	(SS)	•	***		
					ام المائد المائد المائد	<u></u>	
	Plantation	, _{FL} 3324		•	And the state of t	SEP	
(b)	560 31st S.W., LLC / Mark East	man				8	, .
	Enter name of NEW Registered Agent and/or NEW Register	ered Office	address:			PH	£3 'c
	555 18th Ave. South				252	သူ သူ့	
	NEW Registered Office Address:				D)		
							
	Naples	. FL 3410	2				
the cha agent w was/we the arti	imited liability company is not organized under the nge or changes are made, the Florida street addressible identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of	s of the re d liability ers of the l the limite	gistered office company, it is imited liability	and the busines hereby confirm company or as pany. man	ss office of ned that the cotherwise p	the re chang provid	gistered ge(s)
Signat	ture of a member or authorized representative of a member			Printed or typed na	ame of signee		
11 1	her annound that amount interest and a little and a littl		1 *	7.0			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent