## 13000123029

(Requestor's Name)				
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y/State/Zip/Phone	e #)			
WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
_ Certificates	s of Status			
Special Instructions to Filing Officer:				
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nan  cument Number)  Certificates			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11.1 C. E.

APPROVED AND

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	CASTO WINTER PARK VILLAGE A	APARTME	NTS LLC			
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offic	e Change	and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to	he following:			
ЛLL F	PROBST					
	Name of Person	•	····			
NATI	ONAL SERVICE INFORMATION, INC					
	Firm/Company		·			
145 B	AKER ST					
	Address		<del></del>			
MAR	ION, OHIO 43302					
	City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·			
ЛГГ	DNSII.NET					
	E-mail address: (to be used for future annu	al report n	otification)			
For fi	urther information concerning this matter, p	olease call:	•			
JILL I	PROBST	740 at (	387-6806			
	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	Enclosed is a check for the following amount:				
	☐ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS	18 (2/14)					

TO:

## 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	ame of the limited liability company: CASTO WINTE	R PARK VILLA	GE APARTMENTS LLC
2. (a)	5391 LAKEWOOD RANCH BLVD., SUITE 100	(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	SARASOTA, FL 34240		
	08/29/2013	L1300	0123029
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	GREENE, ROBERT F, ESQ		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:
	601 12TH STREET WEST		TA TA
	Registered Office Address (MUST BE FLORIDA STREET	ECRET	
	BRADENTON , FI	34205 L	-5 PM ASSEE,
	NRAI Services, Inc.		-T1 `
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1 Office - 4d	2: 21 STATE LORIDA
	Enter hane of NEW Registered Agent and of NEW Registered	u Office address.	DA DA
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , F	L	
the chagent was/v	limited liability company is not organized under the language of changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member or authorized representative of a member	aws of the State of the registered liability compan of the limited li e limited liabilit	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
NRA By:	teby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as providing the reflect a change in the registered office address, and the services, Inc.	gree to act in this e performance of led for in Chapta I hereby confirm	

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