Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H190000015703)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for futther annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE 5600 CONDO 14C, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DEC 0 3 7619

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

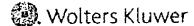
FAX COVER SHEET

TO		<u> </u>
COMPANY		
FAX NUMBER	18506176383	
FROM	RanaeMcGraw	
DATE	2019-01-02 14:52:15 CST	
RE	5600 CONDO 14C, LLC	
COVER MESSAGE		9 7
		2 M
Kaity Toon		FLORI

COVER MESSAGE

Kaity Toon Senior Fulfillment Specialist **Fulfillment Operations** CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

Confidentiality Notice: This eman and its attachments (if any) content confidential information of the senger. The information is intended only for the use by the priort addressess of the uniquesismater of this email. Typic are not an intended recipient of the original sender for responsible for delivering the message to such present, you are needby notition that any review, disclosure, copying, distribution or the taying of any action is reliable of the contents of and attachments to this emplies strictly prohibited. If you have received in sigmac in error, please immediato's notify the sender of the address those begoin and become needly delate any copies of this exhalf (digital or paper) in your postercion

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.

	ame of the limited liability company:		
. (a)	Principal office address of limited liability company:	(l	Whitley Penn, LLP
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	14800 FLAT TOP RANCH ROAD		3600 N Capital of TX Highway, Suite 250
	Austin, TX 78732-2490		Austin, 1'X 78746
	10/22/2013		L:3000!48984
	Date of filing/registration in Florida	- 4.	Document number
. (a)	Todd Kesterson		
(ω)	Registered Agent and Registered Office shown on the records of Kaufman Rossin	the Florida	
	Registered Office Address	ADDRESS	dress.
	2699 S. Bayshore Dr		
	Miami , FI	33133	
	, FI		· · · · · · · · · · · · · · · · · · ·
(b)			第
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress.
			Sign of
	C T Corporation System		
	NEW Registered Office Address:		**
	1200 South Pine Island Road		
	Plantation F1	33324	
se cha gent v ras/we	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the the regi ability co of the lin timited	State of Florida, it is hereby confirmed that after stered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	-	Printed or typed name of signee
	hy accent the appointment as registered agent and ag	ree to ac	t in this capacity. I further agree to comply with th
rovisi ie obi mere	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, l	21 TOP 121 (Chapter 605 F.S. Or. if this document is being filed
rovisi ne obi nere otified	ions of all statutes relative to the proper and complete linations of my position as registered agent as provide	21 TOP 121 (Chapter 605 F.S. Or. if this document is being file

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