

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.

(((H19000159028 3)))



H190001590283ABC2

		ELOAD button on your brows enerate another cover sheet.	er from th	
To:	Division of Cor Fax Number	rporations : (850)617-6383	ASSECTU	N IS A
from:	Account Name Account Number Phone Fax Number	: PARASEC : I2018C000C86 : (916)576-7C00 : (800)603-5868	CATA CRIDA	رب

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

Email Address: 1805@ Parasec.com

LLC REGISTERED AGENT CHANGE HERITAGE PIER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

\Box	S	\sim	\sim	т	7
u	J	$\overline{}$	V		ŧ

MAY 1 6 2019 -

Electronic Filing Menu

..... الما

Corporate Filing Menu

Help

٠.

4 190001590283

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

1. Na	me of the limited liability company: HERITAGE P	IER LLC	
		(b)	
(-)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6865 CORTE MUNRAS		
	PLEASANTON, CA 94566	<u> </u>	
	11/26/2013	L130	00165675
3.	Date of filing/registration in Florida	4.	Document number
S. (a)	LEGALINC CORPORATE SERVICES INC.		75 <u>28</u>
,, (u)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept, o	f State:
	5237 SUMMERLIN COMMONS BLVD STE	100	TSINIE:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	ASSEE M
	FORT MYERS , FL	33907	THE HAY 15 A 3: 17
(b)	ROCKET LAWYER CORPORATE SERVICE		
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		
	NEW Registered Office Address:		
	TALLAHASSEE , FL	32301	
he chai gent w vas/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	s of the State of the registered of bility company the limited lia imited liability	office and the business office of the registered to it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signati	arcot a member or authorized representative of a member	JESSICA S	SCHOLL, AUTHORIZED REPRESENTATIVE Printed or typed name of signed
i hereb roviși he obli o mere otified	y accept the appointment as registered agent and agreems of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he writing of this change.	ertormance at	capacity. I further agree to comply with the

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