L14000001276

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



400319314354

2018 (00) - 1 AM 9: 02

T. CLINE

EXAMINER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. | : I2000000195 | | | | | | |
|---|------------------|--|--|--|--|--|--|
| REFERENCE | : 425057 7586636 | | | | | | |
| AUTHORIZATION | | | | | | | |
| COST LIMIT | Egull de man | | | | | | |
| ORDER DATE : October 4, 2018 | | | | | | | |
| ORDER TIME : 4:43 PM | | | | | | | |
| ORDER NO. : 425057-045 | · 80 | | | | | | |
| CUSTOMER NO: 7586636 | t | | | | | | |
| | · 0 | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| NAME: TLE AT JACKSONVILLE-MANDARIN, LLC | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | |
| | | | | | | | |
| CONTACT PERSON: Emily Croft | EXT# 62925 | | | | | | |
| | EXAMINER: | | | | | | |

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.

| | lame of the limited liability company | | - | | |
|--------------------------------------|---|--|------------------|---|----------------|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 210 Hillsboro Technology Drive | e | | 210 Hillsboro Technology Drive | |
| | Deerfield Beach, FL | 33441 | . | Deerfield Beach, FL 33441 | |
| | 01/03/2014 | | | L14000001276 | |
| 3. | Date of filing/registration | in Florida | 4. | Document number | |
| 5. (a |)FALDUTO, MARY | | | | |
| | Registered Agent and Registered Office sh | own on the records o | of the Florida I | Dept, of State: | S E |
| | | · | | | |
| | Registered Office Address (MUST BE | | · · | | |
| | 210 Hillsboro Technology Drive | | | | ·. 1 |
| | Deerfield Beach | F | :L 33441 | | 77 |
| | | | | | |
| (b) | | | | | 70 tó |
| | Entername of NEW Registered Agent an | d'or <u>NEW Register</u> | ed Office addr | <u>'ev</u> ': | FS |
| | 1201 Have Street | | | | |
| | 1201 Hays Street NEW Registered Office Address: | | | | |
| | | | | | |
| | Tallahassee | ı | -L32301 | | |
| | | | | | |
| the ch | limited liability company is not organized or changes are made, the Florid will be identical. The unit case of a very authorized by an affirmation you ticles of organization of the operation | la street address (Florida limited | of the regist | ered office and the business office of | the registered |
| Sim | ature of a member or authorized telescentativ | o of a number | Micha | ael Shafir, Secretary Printed or typed name of signed | - |
| I here provis the ob- to me | why accept the appointment as registerions of all statutes relative to the proligations of my position as registered by the reflect a change in the registered all more than the registered and the registered all more than the registered and the registered all more than the registered and the registered and the registered all more than the registered and | ered agent and a | le performa | in this capacity. I further agree to co. | mply with the |
| Signat | ure of Registered Agent Corporation Se | rvice Company | BY: | Asst. Vice President | |