Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : KLETT, MESCHES & JOHNSON, Account Number : 12013C000032
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Enter the email address for this business entity to be used for fiture annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE 3021 ALCAZAR, LLC

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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 (Note: MUST BE STREET ADDRESS)	<u> </u> (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1/21/14		040570
		L14000	
	Date of filing/registration in Florida	4.	Document number
(a)		1 (2) 11 (1) 15	<u> </u>
	Registered Agent and Registered Office shown on the recor	rds of the Florida Dept. of Si	
	Registered Office Address (MUST BE FLORIDA STR	FET ADDRESS	- SP
	2855 PGA Boulevard, #100		\$1 \cdot \cdot \c
	Palm Beach Gardens	; _{FL} 33410	
(b)	Klett, Mesches & Johnson, P.L.	· :	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		— Ö 160
	NEW Registered Office Address:		_
	4400 PGA Boulevard, Suite 304		- -
	Palm Beach Gardens	, FL 33410	
e cha gent v as/w e arti	imited liability company is not organized under the single or changes are made, the Florida street addressed in the case of a Florida limit at authorized by an affirmative vote of the members of organization or the operating agreement of	he laws of the State of Fess of the registered offited liability company, it bers of the limited liability co	ce and the business office of the register is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Signa	ture of a member of a authorized representative of a member	Linda L. Phi	Printed or typed name of signee
here ovisi e obl	by accept the appointment as registered agent an ons of all statutes relative to the proper and com- igations of my position as registered agent as pro ely reflect a change in the registered office addre	d agree to act in this ca pleie performance of my svided for in Chapter 60 ss, I hereby confirm tha	pacity. I further agree to comply with th y duties, and I am familiar with and acce 15, F.S. Or, if this document is being file I the limited liability company has been
mere otified	I in writing of this change.		

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