## L14000020928

		···
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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DIVISION OF CORPORATIONS

TO NOV IL AMII: 31

## **COVER LETTER**

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SP MIRAMAR, LLC	
SCHIECT.	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd., Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip C	Code
tracey.ethridge@calatl.com	
E-mail address: (to be used for futu	are annual report notification)
For further information concerning this	matter, please call:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRES 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 follower	lowing amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

## 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. Name of the limited liability company: SP MIRAM	IAR, LLC		
2. (a) 825 CORAL RIDGE DRIVE	(b)	15360 BARRANCA PARKWAY	
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)	<del></del> ;
CORAL SPRINGS, FL 33071	<del></del> .	IRVINE, CA 92618	
02/06/2014	L	L14000020928	
3. Date of filing/registration in Florida	4.	Document number	
5. (a) GROSSWALD, DAN			
Registered Agent and Registered Office shown on the records	s of the Florida I	Dept. of State:	
825 CORAL RIDGE DRIVE		 중	
Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	NOIS AON	
CORAL SPRINGS	FL 33071	OF CORP	
(b) REGISTERED AGENT SOLUTIONS, INC	\ };		U
(b) Enter name of NEW Registered Agent and/or NEW Register	red Office addi	dress:	
155 OFFICE PLAZA DR		<b>₩</b>	
NEW Registered Office Address:	***	<del></del>	
SUITE A			
TALLAHASSEE,	FL_32301		
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of the control of the contr	s of the registed liability con rs of the limit	stered office and the business office of the regist ompany, it is hereby confirmed that the change(s ited liability company or as otherwise provided	tered
Claim VI	Adan	m Saldana, Attorney in Fact for John P. Ba	abel
Signature of a member or authorized representative of a member		Printed or typed name of signee	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple the obligations of my position as registered agent as provi to merely reflect a change in the registered office address, notified in writing of this change.	agree to act i ele performa ided for in Ch , I hereby cor	ance of my duties, and I am familiar with and ac Chapter 605, F.S. Or, if this document is being j onfirm that the limited liability company has bei	n the ccept filed en
And have of Bogistered Acent		The state of the s	
Signature of Registered Agent			