L14000082664

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COVER LETTER

Division of Corporations	
Ballard 5, LLC SUBJECT:	
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Kylie Conrad & Kayla King	
Name of Person	
Corp1, Inc.	
Firm/Company	
7700 E Arapahoe Rd Ste 220	
Address	
Centennial, CO 80112	
City/State and Zip Code	
E-mail address: (to be used for future ar	inual report notification)
For further information concerning this matte	r. please call:
Kylie Conrad	720 823-9273 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followin	g amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

L Na	ame of the limited liability company: Ballard 5, LLC	<u> </u>			
2. (a)	6001 N. OCEAN DRIVE	(b) <u></u>	(b) 6001 N. OCEAN DRIVE		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	APT, 1505	API	Г. 1505		
	HOLLYWOOD, FL 33019	НО	HOLLYWOOD, FL 33019		
	05/21/2014	L140	00082664		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CORPORATION SERVICE COMPANY				
J. (a)	Registered Agent and Registered Office shown on the records 1201 HAYS STREET	of the Florida Dept.			
	Registered Office Address (MUST BE FLORIDA STREE	2024 APR SECONOMINATION			
	TALLAHASSEE	FL_32301-2525	301-2525		
(b)	Registered Agents Inc	<u>.</u> 89.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:			
	7901 4th St N				
	NEW Registered Office Address:				
	Ste 300				
	St. Petersburg	FL			
change agent v was/we	imited liability company is not organized under the eor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of organization or the operating agreement of the street in the operating agreement of the operatin	he registered off Tiability compan s of the limited I the limited liabil	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ity company.		
	A M. JEWELL	LISA M.	<u> </u>		
I here provisi the obl to merc	ture of a member or authorized representative of a member by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ely reflect a change in the registered office address.	igree to act in thi te performance o ded for in Chapto I hereby confirn	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been		
• *	d'in writing of this change. VID ROBERTS				
	re of Registered Agent				