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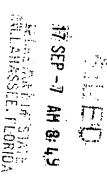
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Y. "FF



August 7, 2017

CYNTHIA CROOM 3217 SW 35TH BLVD GAINESVILLE, FL 32608

SUBJECT: MAXWELL PROPERTIES OF GAINESVILLE, LLC

Ref. Number: L14000085672

We have received your document for MAXWELL PROPERTIES OF GAINESVILLE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 717A00016020

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

_	Registration Section Division of Corporations					
SUBJECT:	Maxwell Properties of Gaine	sville LLC				
000001	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Offic	ce Change and f	ee(s) are submitted for filing.			
Please return	n all correspondence concerning this	s matter to the fo	ollowing:			
Cynthia C	room					
	Name of Person		_			
Butler Ent	erprises					
	Firm/Company		<u></u>			
3217 SW	35th Blvd					
-	Address	,	_			
Gainesvill	e FI 32608					
	City/State and Zip Code		_			
corporate	@butlerenterprises.com					
E-mail	address: (to be used for future annu	ial report notific	eation)			
For further i	nformation concerning this matter,	please call:				
Cynthia C		352 at (372-3581 X 317			
	Name of Person	(Area Code & Daytime Telephone Number			
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the following	amount:				
□ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18 (2/14	1) Prepaid					

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. Na	ame of the limited liability company: Maxwell Prop	perties of Gaines	ville LLC	
2. (a)	Maxwell Properties of Gainesville LLC	(b) Maxwell Properties of Gainesville LLC		
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3217 SW 35th Blvd	3217 SV	V 35th Blvd	
		-		
	Gainesville FL 32608	Gainesv	rille FL 32608	
	05/28/2014	1 40000	985672	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Presnick, Cory			
v. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	- e:	
			-	
	Registered Office Address (MUST BE FLORIDA STREET) 3217 SW 35th Blvd	ADDRESS)		
		<u> </u>	-	
	Gainesville, FL	_32608 	- las	
	Deborah J. Butler		S S	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
			Service A	
	NEW Registered Office Address:			
	3217 SW 35th Blvd	<u> </u>		
	Gainesville . FI	32608		
If the 1	inited liability			
the cha	imited liability company is not organized under the la- inge or changes are made, the Florida street address of	f the registered office	e and the business office of the registered	
agent was/was/was/was/was/was/was/was/was/was/	will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of	ability company, it i of the limited liabilit	s hereby confirmed that the change(s) v company or as otherwise provided in	
the art	icles of organization or the operating agreement of the	limited liability con	npany.	
Signa	ture of a member or authorized representative of a member	Deborah J. B	Butler Printed or typed name of signee	
	by accept the appointment as registered agent and ag	ree to act in this can	-	
provisi	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	nertormance of my	duties, and I am familiar with and accept	
notifie	d in writing of this change.	петеву сопутт так	те итней наонну company nas veen	
Signatu	re of Registered Agent (

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