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(Re	equestor's Name)	
V	,	
(Ac	idress)	
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(AC	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

AND

CEP 03 2015

COVER LETTER *

	istration Section ision of Corporations							
SUBJECT:	Parke East Apartments LLC							
Name of Limited Liability Company								
Dear Sir or l	Madam:							
The enclose	d Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.					
Please retur	n all correspondence concerning thi	is matter to the f	ollowing:					
Carole Th	nompson							
	Name of Person		~					
Robbins I	Property Associates							
	Firm/Company							
120 Wells	s Avenue							
	Address		-					
Newton,	MA 02459							
	City/State and Zip Code							
`	on@robbinsRE.com		_					
E-mai	il address: (to be used for future and	nual report notifi	cation)					
For further	information concerning this matter,	, please call:						
Kristi Kin	g	813	943-7551					
	Name of Person		Area Code & Daytime Telephone Numbe					
Re Div Cli 260	REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, Florida 32301	Rep Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314					
En	closed is a check for the following	g amount:						
Ø	\$25 Filing Fee	□ \$9	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.

1. N	Name of the limited liability company: RH Parke Eas	st Apart	ments LL	.C			
2. (a	120 Mollo Augorio	(b)	120 \/\a	lls Avenue			
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (%		Mailing address of limited (Note: MAY BE POST			_
	Newton, MA 02459	_	Newton	, MA 02459	 .	 .	 .
	July 11, 2014	_	L140001	 09466	<u></u>		
3,	Date of filing/registration in Florida	4.		Document number			
5. (Corporate Creations						
	Registered Agent and Registered Office shown on the records of a 11380 Prosperity Farms Road #2212 Registered Office Address (MUST BE FLORIDA STREET A		·	— te: —			
	THE PARTY OF THE P	1221600	L		·		
	Palm Beach Gardens , FL	33410	1	- -	SECRE	14 AUG	
/	、Kristi King				RETARY AHASSE	26	근각
(t	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		SEE C	PH	LED
	4890 W. Kennedy Blvd #240		-	_	OF STA	H 3: 0	
	NEW Registered Office Address:			_	NOA NOA		
	Tampa , FI	3360	9	_			
the cagen	e limited liability company is not organized under the lar change or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of articles of organization or the operating agreement of the	f the regi ability of of the lin	stered offic ompany, it nited liabili liability co	ce and the business of is hereby confirmed to ty company or as oth mpany.	ffice of the that the ch erwise pro	e registe ange(s)	ered)
Sig	gnature of a member or authorized representative of a member		2)21	Ven Robbins Printed or typed name			
_	reby accept the appointment as registered agent and ag visions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address, I field to writing of this change.	ree to ac perform ed for in hereby c	t in this ca ance of my Chapter 60 onfirm tha		-	ly with and ac being f has bee	the cept iled n
offin	ature of Registered Agent Division of Corporations • P.O.	Box 632	7◆ Tallaha	assec, FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)