LYCOUTS

(Requestor's Name)				
(Address)				
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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	12000000195
REFERENCE :	425057 7586636
AUTHORIZATION :	Spellelena
COST LIMIT :	\$ 25.00
ORDER DATE : October 4, 2018	r 74
ORDER TIME : 4:48 PM	
ORDER NO. : 425057-105	
CUSTOMER NO: 7586636	ر
CHANGE OF AGENT	<u>·</u> • • • • • • • • • • • • • • • • • • •
NAME: TLE AT RIVERVIEW,	, LLC
PLEASE RETURN THE FOLLOWING AS PRO	OOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

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	arne of the limited liability company: TLE AT RIVER	VIEW, LL	.c
2. (a)		(b)
	Principal office address of limited liability company:		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	210 Hillsboro Technology Drive		210 Hillsboro Technology Drive
	Deerfield Beach, FL 33441	_	Deerfield Beach, FL 33441
	07/17/2014		L14000112935
3.	Date of filing/registration in Florida	_ _{4.}	Document number
5. (a)	FALDUTO, MARY		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	
	210 Hillsboro Technology Drive		
	2 TO THIS DOTO TECHNOLOGY DITVE		
	Deerfield Beach , FL	33441	
(b)	Corporation Service Company		> io
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	一 .
	100411		
	1201 Hays Street		
	NEW Registered Office Address:		
			
	Tallahassee	32301	
he cha igent w vas/wu	mited liability company is not organized under the lavinge or changes are made the Florida street address of will be identical. Or, in the case of a Florida limited liave authorized by an affirmative value of the members of the organization of the members of the organization of the members of the organization of the	the regis ability co of the limi	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
		Mich	nael Shafir, Secretary
	are of a member or authorized representative of a member		Printed or typed name of signee
rovisio he obli o merc	ly accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I lead to writing of this change.	ee to act performa d for in C hereby co	in this capacity. I further agree to comply with the moe of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
Y	elanue elenu		Roxanne Turner
ignatur	e of Registered Agent Corporation Service Company	BY:	Asst. Vice President

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