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(Re	questor's Name)	)					
(Ad	dress)	<u></u>					
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper

ami.casper@cscglobal.com

Date: January 13, 2017

Order#: 465053/005

Re: BEACHLINE SOUTH RESIDENTIAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

TALLIANASSEE FE GRIDA

## 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	me of the limited liability company: BEACHLINE SOL	UTH R	ESIDENTIA	L, LLC		
2.	(a)	Land Innovations, LLC	_ (b	)			
		Principal office address of limited liability company:			Mailing address of limited liability (Note: MAY BE POST OFFIC	-	-
		(Note: MUST BE STREET ADDRESS)			(Note: MAI BE FOST OFFIC	<u>L BUA</u> ,	,
		189 S. Orange Avenue, Suite 1110S	_				<del></del>
		Orlando, FL 32801	-				
		08/29/2014		L140001	36444		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Land Innovations, LLC					
	()	Registered Agent and Registered Office shown on the records of th	e Florida	a Dept, of Stat	ee:		
		189 S. Orange Avenue, Suite 1110S					
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	5)	<del>-</del>	7	ZE
						<u>ر</u> چ	CR
					-	JAN 17	A
		Orlando , FL_	32801		_		SS AN
						H	الد (الح)
(	(b)	· / <del> </del>			_	ထဲ	100 1100 1100 1100 1100 1100 1100 1100
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office ad-	dress:		<b>£</b>	
		1201 Hays Street			•		102
		NEW Registered Office Address:			_		
					_		
		Tallahassee , FL_	32301		_		
th ag w	e cha ent v as/wa	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he reginate he regineral here in the limited in the	stered offic ompany, it i nited liabilit	e and the business office of the last the state of the company or as otherwise process.	the reg change	istered e(s)
/s	/ Jay	A. Thompson Jay A. Thompson, Manager on b	ehalf of P	rimo Land, LLG	C, Manager on behalf of Land Innovation	ons, LLC	, Manager
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
pr th to	ovisi e obl mer <sub>l</sub>	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he din writing of this change.	e to act perform for in ( preby c	t in this cap ance of my Chapter 60. onfirm that	pacity. I further agree to conduties, and I am familiar wi 5, F.S. Or, if this document in the limited liability compan	nply w. th and is bein y has t	ith the accept g filed been
S	gratu	le of registered Agent Corporation Service Company	BY: S	ylvia Quej	opet, Asst. Vice President		