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From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone

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12/07/201

## LLC REGISTERED AGENT CHANGE 1023 THE VUE, LLC

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## 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.

	lame of the limited liability company:1023 The			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liabil (Note: MAY BE POST OFF	ity ∞mpany:
	9/04/2014		L14000138882	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 9349 Tibet Point Circle		of State:	SECIE ALLUA
	Registered Office Address (MUST RE FLORIDA STREET ADDRESS)			RETAIN AND A PROPERTY OF THE P
	Windermere , FI	L_34786		7 PM
(b)				2:04
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		<b>+</b>
	9868 Kilgor Rd.			
	NEW Registered Office Address:			
	Orlando , FI	32836		
the cha agent v was/w	imited liability company is not organized under the latinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State of the registered of the implemental interests of the limited liability company	office and the business office or y, it is hereby confirmed that the ability company or as otherwise	f the registered c change(s)
	Adam Arnott		Adam Arnott	
_	ture of a member or authorized representative of a member		Printed or typed name of signe	
I here provisi the obl to mer notified	by accept the appointment as registered agent and agions 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 d in writing of this change.	ree to act in this performance of d for in Chapte hereby confirm	s capacity. I further agree to co f my duties, and I am familiar w r 605, F.S. Or, if this document that the limited liability compa	omply with the with and accept t is being filed ny has been
	Adam Arnott			