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## COVER LETTER ...

Division of Corporations								
SUBJECT: TSL BV PROPCO, LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this	matter to the following:							
Brian D. Hudson, Esq.  Name of Person								
Holding Company of The Villages, Inc.	<del></del>							
3619 Kiessel Road Address								
The Villages, Florida 32163								
City/State and Zip Code								
legalnotices@thevillages.com E-mail address: (to be used for future annu	al report notification)							
For further information concerning this matter, p	please call:							
Christi Jacquay	at ( <u>352</u> ) <u>753-6612</u>							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following a	imount:							
☑ \$25 Filing Fee	□ \$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.	Na	me of the limited liability company: TSL BV PROP	CO, L	.L	<u> </u>			
2 (:	a)	3619 Kiessel Road	(b	1)	3619 Ki	iessel Road		
2. (		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0	, -		Mailing address of limited li fNote: MAY BE POST (	-	
		The Villages, Florida 32163		-	The Vill	lages, Florida 3216	3	. <u> </u>
		10/22/2014	_	-	I 1400	00164635		
3.		Date of filing/registration in Florida	4.			Document number		
	(a)	Brian D. Hudson, Esq.						
٥, ١	,	Registered Agent and Registered Office shown on the records of th	e Florida	ı D	ept. of State	_ te:		
		1020 Lake Sumter Landing						
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	<u>9</u>		TALL SECH	8	
		The Villages , FL_	3216	32		LAHASSEE, F	שני וס	FILED
(	b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				FLORIDA	AM II: 00	Ö
		3617 Kiessel Road  NEW Registered Office Address:				_		
						_		
		The Villages , FL_	32163	3_		_		
the eager was the a	cha nt v /wc arti	imited liability company is not organized under the law- inge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law- ture of a member or authorized representative of a member	he regional heregion in the limited li	ste on nit lin ar	ered office ipany, it i ed liabilit ibility con i D. Hud	the and the business officis hereby confirmed that ty company or as other impany.  Son, Esq.  Printed or typed name of	ce of that the clawise pr	ne registered hange(s) rovided in
prov the c	risi obl tere	by accept the appointment as registered agent and agre ons of all statutes relative to the pr <del>oper and c</del> omplete p igations of my position a <del>s registered age</del> nt as provided ily reflect a change in the registered office address, I had in writing of this change	erform for in ( ereby c	ar CT or	ice of my apter 603 afirm that	duties, and I am famili 5, F.S. Or, if this docu the limited liability co	ar with ment is mpany	i and accept being filed has been

Signature of Registered Agent Brian D. Hudson, Esq.