## L14000181550

(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	<del>)</del> #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





300280621953

01/27/16--01019--009 \*\*25.00

THE JAN 27 PH 1: 22

JAN 2.9 2016 J. HARRIS



CSC.- WILMINGTON
Suite 400 2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: January 26, 2016

Order#: 950500/028

Re: S-NEW RIVER 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:Janis M. Smith 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

## 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	ame of the limited liability company: S-NEW RIVE	R RESIDENTIA	L, LLC	
2 (a)	Attn: Robert Esposito	(b)		
2. (u)	Principal office address of limited liability company:		Mailing address of lin	nited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE P	OST OFFICE BOX)
	301 E. Las Olas Boulevard, 7th Floor			
	Ft. Lauderdale, FL 33301			
	11/24/2014	L14	1000181550	-
3.	Date of filing/registration in Florida	4.	Document numb	er
5. (a	Robert Esposito, c/o Stiles Corporation			
J. (u	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:	
	301 E. Las Olas Boulevard, 7th Floor			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
			<del></del>	20 E
	Ft. Lauderdale ,	FL <u>33301</u>		3+ (* <u>5-</u> 7)
			-	MA 27
(b)				27
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:		
	1201 Hays Street			
	NEW Registered Office Address:			× 10
		<del></del>		
	Tallahassee	FL 32301		
		<del></del>	<del></del>	
If the	limited liability company is not organized under the lange or changes are made, the Florida street address	laws of the State	e of Florida, it is hereby	confirmed that after
agent	will be identical. Or, in the case of a Florida limited	l liability compa	ny, it is hereby confirme	ed that the change(s)
was/v	vere authorized by an affirmative vote of the member ticles of creanization or the conting agreement of t	's of the limited l	liability company or as	otherwise provided in
the at	ncies of C. Manization of the C Thing agreement of t			
		Dona Pri	ebe, Authorized Person	
Sier	value of a rember or a resized representative of a member	<u> </u>	Printed or typed na	me of signee
_	nature of a pember or a resistency as registered against and a		Printed or typed na	-
I her	eby weent the appointment as registered agent and a	agree to act in th	nis capacity. I further a	gree to comply with the
I her provi the or to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address,	agree to act in th	nis capacity. I further a	gree to comply with the
I her provi the or to me		agree to act in th	nis capacity. I further a	gree to comply with the