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To: Division of Corporations Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. Account Number : 076077001702 Phone : (407)841-1200 Fox Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pat@plcpartnersllc.com

LLC REGISTERED AGENT CHANGE DWELL AT CENTRAL STATION 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.

1. N	Tame of the limited liability company: Dwell At Ce	ntral Station LLC		
2. (a)				
27 (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (<u>Note: MAY BE POST OF FICE BOX</u>)		
	343 Passage Lane	343 Passage Lane		
	Franklin, TN 37064	Franklin, TN 37064		
	June 10, 2015	L15000101123		
3.	Date of filing/registration in Florida	4. Document number		
5. (a	`			
J. (8	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:		
	Patrick Chisholm	TI SECTO		
	 (a)			
	2460 Forest Club Drive			
	Orlando	FL 32804		
A .				
(b	Enter name of NEW Registered Agent and/or NEW Register	red Office uldress:		
		······································		
	Dean Mead Services, LLC			
	<u>NEW</u> Registered Office Address:			
	800 N. Magnolia Avenue, Suite 1500			
	Orlando	FL 32803		
	· · · · · · · · · · · · · · · · · · ·			
the cl agent was/v	hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member nicles of organization of the operating agreement of t			
	fait Clum	Patrick Chisholm		
I her provi the of to me	nuture of a member or authorized representative of a member reby accept the appointment as registered agent and c sions of all/statutes relative to the proper and comple bilgations of my position as registered agent as provi- reference of the change in the registered office address, red in while office enange. Vice President	Printed or typed name of signee agree to act in this capacity. I further agree to comply with the sign performance of my duiles, and I am familiar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been		
Signa	ture of Registered Agent N MEAD SERVICES, LLC			
IJСА	Division of Corporations• P.C). Box 6327• Tallahassee, FL 32314		
	FILING	FEE: \$25.00		

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