

(Re	questor's Name)	
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JUN 21 2018

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COVER LETTER

TO: Registration Section Division of Corporations

GOLDELM AT REGENCY OAKS, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

۰.

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VANESSA BERTUCA

Name of Person

GOLDELM

Firm/Company

7000 MAE ANNE AVE OFFICE

Address

RENO NV 89523

City/State and Zip Code

accounting@goldelm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA BERTUCA	775 747-7500 at ()	
Name of Person	Area Code & Daytime Telephone Numbe	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

Name of the limited liability company:	M AT REGENCY OAK	S, LLC	
7000 MAE ANNE AVE	_(b) 7000 MAE	7000 MAE ANNE AVE	
Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>)	y: Ma	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
OFFICE	OFFICE	OFFICE	
RENO NV 89523	RENO NV	RENO NV 89523	
06/19/2015	L15000107	L15000107392	
Date of tiling/registration in Florida	4. D	ocument number	
a) MOSES, MICHAEL			
Registered Agent and Registered Office shown on the reco 12443 SAN JOSE BL	rds of the Florida Dept. of State:	.	
Registered Office Address (MUST BE FLORID.) STR SUITE 604	<u>EET ADDRESSI</u>		
JACKSONVILLE	32223	100 Pal 200 - 1	
HUBBARD, RODERICK			
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office address:	÷ + + 9	
5333 SW 75TH ST		ą	
NEW Registered Office Address:			
OFFICE			
GAINESVILLE	. FL ³²⁶⁰⁸		
e limited liability company is not organized under t hange or changes are made, the Florida street addre t will be identical. Or, in the case of a Florida limi were authorized by an attendative vote of the mem- inticles of organization or the operating agreement of	ess of the registered office a ted liability company, it is h	nd the business office of the registo hereby confirmed that the change(s) company or as otherwise provided i any.	

the obligations of my position as registered agent as provided for in Chapter 605, P.S. Or, if this document is being fu to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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