L15000 179 392

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



500280739925

01/07/16--01021--001 **695.00



JAN 08 2016 J SHIVERS

то:	Registration Section Division of Corporations			
SHRI	ЕСТ:	allmark Greenle	af Village, LLC	
SOBO		Name of Limited Liability Company		
Dear S	sir or Madam:			
The en	aclosed Registered Agent/Registered Of	ffice Change and fe	ee(s) are submitted for filing.	
Please	return all correspondence concerning t	his matter to the fo	llowing:	
April	Cliche			
	Name of Person		-	
Halln	nark Management, Inc.			
	Firm/Company		-	
3111	Paces Mill Rd. Ste. A-250			
	Address		-	
Atlan	ta, GA 30339			
	City/State and Zip Code		-	
aclich	ne@hallmarkco.com			
E	E-mail address: (to be used for future an	inual report notification	ation)	
For fu	rther information concerning this matte	r, please call:		
April	Cliche	770	984-2100 x118	
	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	Regi Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	△ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	

COVER LETTER:

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. N	lame of the limited liability company: Hallr	nark Greenle	eaf Village, l	LC	
2. (a)					
(,	Principal office address of limited liability of (Note: MUST BE STREET ADDRES	ompany:	(5)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4040 West Newberry Road, Suite 9	950B	3111 F	aces Mill Rd. Ste. A-250	
	Gainesville, FL 32607		Atlanta	, GA 30339	
	08/14/2015		L15000	139392	
3.	Date of filing/registration in Florid	da 4		Document number	
5. (a))				
J. (a,	Registered Agent and Registered Office shown on th			ate:	
	Susan Adams				
	Registered Office Address (MUST BE FLORID)	A STREET ADDR	(ESS)	_	
	4040 West Newberry Road, Suite 9	950B		₩.	
	Gainesville	, FL_326	507	16 J	
		,		JAN-7 AHASSE	
(b)				_ 588 -7	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Offic	<u>e address</u> :	TO A	
	The Hallmark Companies, Inc.			- 57 P	
	NEW Registered Office Address:				
	4040 West Newberry Road, Suite 9	150B		حبين 	
	Gainesville	, _{FL} 326	607		
the ch agent was/w the art	limited liability company is not organized un ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the nicles of organization or the operating agreem	address of the a limited liability members of the ment of the limit	registered offi y company, it limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in empany.	
_	by accept the appointment as registered age		act in this co	-	
provis the ob to mer	ions of all statutes relative to the proper and ligations of my position as registered agent a reflect a change in the registered office and in writing of this change.	nt and agree to l complete perfo as provided for address, I hereb	ormance of my in Chapter 60 oy confirm tha	pactly. I jurther agree to comply with the viduties, and I am familiar with and accept 05, F.S. Or, if this document is being filed the limited liability company has been	
Signati	ure of Registered Agent				