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JAN 08 2016 J SHIVERS COVER LETTER.

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SURI	FCT·	od Meadows, LLC				
Name of Limited Liability Company						
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered C	Office Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning	this 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		-			
aclic	he@hallmarkco.com					
I	E-mail address: (to be used for future a	nnual report notifica	ation)			
For fu	rther information concerning this matte	er, please call:				
April	Cliche	770 at (984-2100 x118			
_	Name of Person		Area Code & Daytime Telephone Number			
Registration Section Registration of Corporations Division Olivision Building P.O.			LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	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.

1. N	ame of the limited liability company: Hallmark Ing	lewood M	1eadows	, LLC
2. (a)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4040 West Newberry Road, Suite 950B		3111 Pa	ces Mill Rd. Ste. A-250
	Gainesville, FL 32607	 -	Atlanta,	GA 30339
	08-14-2015	L	.1500013	39412
3.	Date of filing/registration in Florida	_ _{4.} _		Document number
5. (a))			
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida I	Dept. of State	:
	Susan Adams			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	4040 West Newberry Road, Suite 950B		6	
	Gainesville, Fi	L_32607		JAN -
(1-)				第2 7
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	ess:	TO A THE
	The Hallmark Companies, Inc.			ORINA SALES S SALES SALES SALES SALES SALES SALES SALES SALES SALES SALES SALE
	NEW Registered Office Address:			-
	4040 West Newberry Road, Suite 950B			
	Gainesville	_L 32607		
signer I here provis the obto mer notifie	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the attraction of a member or authorized representative of a member obly accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change. Light of Registered Agent	of the register iability come of the limited lia Mart	ered office npany, it is ed liability ibility com in H. Pet	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany. ersen Printed or typed name of signee activ. I further agree to comply with the