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(Requestor's Name) (Address)	600314565306				
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

TO: Registration Section Division of Corporations

GOLDELM AT ALTAMONTE SPRINGS LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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

Name of Person

747-7500 _) Area Code & Daytime Telephone Number

775 _ at (_____

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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.

	ame of the limited liability company:		7000 M	SPRINGS LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limit (<u>Note: MAY BE PO</u>					
	OFFICE		OFFICE	Ξ			
	RENO NV 89523		RENO	NV 89523			
	08/24/2015		L150001	44800			
3. 5. (a)	Date of filing/registration in Florida MOSES, MICHAEL	4.		Document number			
<u>.</u> , (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 12443 SAN JOSE BL			- ite:			
	Registered Office Address (MUST BE FLORID & STREET) SUITE 604	<u>iddre</u>	<u>(S)</u>	<u>.</u>	<u>.</u>	2018 JUX	па,. [;
	JACKSONVILLE	3222	3				
(b)	HUBBARD, RODERICK			_	معن من رم من من من من	еч О	17-2 -
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered Office address</u> :			_			Į (·
	5333 SW 75TH ST			_	-14 15 25	8: 0	
	<u>NEW</u> Registered Office Address:				·		
	OFFICE			_			
	GAINESVILLE	3260	3	_			
the cha agent y	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an afficientive vote of the members of icles of organization of the operating agreement of the	vs of the rep the rep ability of the hi limited	e State of F fistered offic company, it mited liabili l liability co	re and the business of is hereby confirmed to	ffice of t that the	he reg change	istered
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signce		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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 adange.

Sugnature of Registered Agenit

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

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