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Tripp Scott
Division of Corporations

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To: Division of Corporations
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From: **C VESKOVSKI**
Account Name : TRIPP SCOTT, P.A.
Account Number : 07535000065
Phone : (954)525-7500
Fax Number : (954)761-8475

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**LLC REGISTERED AGENT CHANGE
SURFSIDE VILLAS OF STUART, LLC**

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H16000122871 3

**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. Name of the limited liability company: SURFSIDE VILLAS OF STUART, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5833 SE 48TH AVE
STUART, FL 34997

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
6301 TAFT ST
HOLLYWOOD, FL 33024

3. JULY 30, 2013 Date of filing/registration in Florida

4. L15000159951 Document number

5. (a) QUINN, RYAN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
6301 TAFT ST
HOLLYWOOD, FL 33024

(b) IAN LIS, ESQ

Enter name of NEW Registered Agent and/or NEW Registered Office address:

C/O TRIPP SCOTT, P.A.

NEW Registered Office Address:

110 SE 6TH STREET, 15TH FLOOR

FORT LAUDERDALE, FL 33301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

IAN LIS, AUTHORIZED REPRESENTATIVE

Printed or typed name of signer

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 change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6227 • Tallahassee, FL 32314

FILING FEE: \$25.00

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