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Division of Corporations

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From: Carrie Ramos, FRP, Paralegal Account Name : GRAYROBINSON, P.A. - ORLANDO

PLEASE FAX CONFIRMATION TO 407 244-5690

Account Number : I20010000078

Phone : (407)843-8880 Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sbeebe@sonatahc.com

LLC REGISTERED AGENT CHANGE SONATA WEST MANAGER, LLC

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K. SALY

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

407,244,5690

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. Na	ame of the limited liability company: Sonata West	Manag	er, LLC			
2. (a)	390 N. Orange Avenue, Suite 2150	(b	390 N	l. Orange Avenue	, Suite 2150	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS		
	Orlando, FL 32801	_	Orlai	ndo, FL 32801		
	10-26-15	_	L15000	181515		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Brian Halko					
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Sta	te:		
	824 US Highway 1			_	1.,	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Suite 360					
	North Palm Beach FI	33408			影影	
(b)	Stuart J. Beebe Enter name of NEW Registered Agent and/or NEW Registered C 1635 Lookout Landing Circle NEW Registered Office Address:	Office add	lress:	- - -	205 I.P.R. 25 (1) 2: 34 TALLAMAS CAN THE WAY	
	Winter Park, FL_	32789) 	_		
change agent www.was/wc the articles Signal I hereb provision the oblito mere	mited liability company is not organized under the laws or changes are made, the Florida street address of the resill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited of a member or authorized representative of a member by accept the appointment as registered agent and agree gations of my position as registered agent as provided of the proper and complete persons of my position as registered agent as provided of the reflect a change in the registered office address. The in writing of this change.	egistered ility con the limi mited li Stua	J office an npany, it is ted liability con art J. Bee	d the business office is hereby confirmed the y company or as other apany. Be Printed or typed name of activ. I further agree	of the registered nat the change(s) erwise provided in	
Signatur	e of Registered Agent					