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D. BRUCE NCT 28 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: October 25, 2016

Order#: 342999/005

Re: TUSCAN ISLE LIVING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If Fierd are any problems or questions with this filing, please cal pour office.

INCA.XCOA

## 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. 1	Name of the limited liability company: TUSCAN ISLE L	IVING,	LLC	
2. (a	105 W ADAMS ST STE 2700  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b	)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(Note: MUST BE STREET ADDRESS)	_		(Note: MAT BETOST OFFICE BOX)
	CHICAGO, IL 60603	_		
	11/02/2015	,	L150001	
3.	Date of filing/registration in Florida	4.		Document number
5. (	(a) CURRISE, DON W  Registered Agent and Registered Office shown on the records of the	ho Elosida	Dont of Sto	
		ne Florida	Dept. of Sta	ie:
	7380 SAND LAKE RD  Registered Office Address (MUST BE FLORIDA STREET A	nnpres	<del></del>	<del>-</del>
	registered Office Address	DDKLSS	2	Z
				- XLL
	ORLANDO , FL	32819	)	FIL 2016 OCT 21 SECRETARY ALLAHASSE
				TARY ASSI
(b)	<u> </u>	0.000		
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>aress</u> :	FILED  OCT 27 P    RETARY OF STAHASSEE, FLOO
	1201 Hays Street			LED 27 P : 4. SEE, FLORID,
	NEW Registered Office Address:			
	Tallahaana	20204		_
	Tallahassee , FL	32301		_
the c agen was/	limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the regist bility confither the limited limite	stered offic ompany, it lited liabili- liability con	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sig	nature of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me notif	reby occept the appointment as registered agent and agressions of all statutes relative to the proper and complete publications of my position as registered agent as provided rely reflect a change in the registered office address, I have a few properties of this change.  Ture of Registered Agent Corporation Service Company	perform I for in C iereby co	ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been irby, Assistant Vice President
	Division of Cornerations P.O. B			