## L15000188586

(Requestor's Name)								
(Address)								
(Address)								
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(,)								
PICK-UP	☐ WAIT	MAIL						
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(Bu	siness Entity Nar	ne)						
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**S Warren** 0CT 2 8 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#: 342999/002

Re: TUSCAN ISLE CHAMPIONSGATE OP. CO., 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 there are any problems or questions with this filing, please call our 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.	Na	me of the limited liability company: TUSCAN ISLE	E CHAMPIC	NSGATE OP. (	CO., LLC		
2	(a)	105 WEST ADAMS STREET SUITE 2700	(b)				
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		CHICAGO, IL 60603					
		11/05/2015		L15000188586	<b>i</b>		
3.		Date of filing/registration in Florida	4.	Docu	ıment number		
5.	(a)	CURRISE, DON					
٠.	()	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:			
		7380 SAND LAKE RD.					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
						2016	
		ORLANDO, F	L 32819			3	<b>T</b>
	(b)	Corporation Service Company			SEF.	27 P	m
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office add	ress:	ST <b>at</b> Flori	<del>f</del>	
		1201 Hays Street			P <sup>mi</sup>	32	
		NEW Registered Office Address:			n		***
		Tallahassee F	rL <b>32301</b>				
the age	e cha ent v is/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	aws of the sof the regist liability consofthe limited limited li	ered office and npany, it is here ted liability com ability company	the business off by confirmed the apany or as othe	ice of at the	the registered change(s)
Signature of a member Jill Climi, A					uthorized Person Printed or typed name of signee		
ll pro the to no	herei ovisi obl mere tified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.  The of Registered Agent Corporation Service Company	ie performa led for in C I hereby co	in this capacity. nce of my duties hapter 605, F.S. nfirm that the li	I further agree	to con liar wi ument ompan	nply with the ith and accept is being filed y has been

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