| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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K. SALY EXMINER DUA

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

22nd Avenue Apartments LLC

L15000189188

| () Nonprofit | _ | | |
|------------------------|---------------------------|-----------------|--|
| () Foreign | () Amendment | () Merger | |
| () Limited Partnership | () Dissolution/Withdrawal | | |
| () LLC | () Reinstatement | | |
| | () Annual Report | (X) Other | |
| | () Name Registration | Change of Agent | |
| () Certified Copy | () Fictitious Name | | |
| () Call When Ready | | () CUS | |
| (x) Walk In | () Photocopies | • | |
| () Mail Out | _ | () After 4:30 | |
| | () Call If Problem | (x) Pick Up | |
| Name | () Will Wait | | |
| Availability | | | |
| Document | 8/3/2016 | Order#: | |
| Examiner | | 10108758 | |
| Updater | KM | | |
| Verifier | | Ref#: | |
| W.P. Verifier | | | |
| | | Amount: \$ | |
| | | | |

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. N | Name of the limited liability company: 22nd Aven | ue Apartm | ents LLC | | |
|---|--|--|--|---|--|
| 2. (a) | c/o Millennia Housing Management, Ltd. | (b) | (b) c/o Millennia Housing Management, Ltd. | | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | 8111 Rockside Road, Suite 200 | | 8111 Rockside Road, Su | lite 200 | |
| | Cleveland, OH 44125 | | Cleveland, OH 44125 | | |
| | November 9, 2015 | L | 15000189188 | | |
| 3. | Date of filing/registration in Florida | | Document number | | |
| 5. (a | , VCORP Services LLC | | | | |
| J. (4 | Registered Agent and Registered Office shown on the records | s of the Florida I | Dept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREE | ET ADDRESS) | | 7 | |
| | David | _{FL} 33314 | | 2016 AUG | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | red Office uddr | ess: | -3 AM 8 | |
| | NEW Registered Office Address: | | | 8: 48 SIME SIME | |
| | 1200 South Pine Island Road | | | un' U ir | |
| | Plantation | _{FL} 33324 | | | |
| signal Signal I here provise the obto mer notifie | limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or in the case of a Florida limited acre authorized by an affirmative vote of the member cicles of organization of the operating agreement of the appointment as registered agent and a linguistic of a member and compositions of all statutes relative to the proper and compositing the statutes relative to the proper and compositing the statutes of the registered agent as properly reflect a change in the registered office address, and in writing of this change. Kristin Bolden Assistant Secretary | of the registed liability comes of the limited lia Frankagree to act in the performance. | ered office and the business of pany, it is hereby confirmed to the diability company or as oth bility company. K. T. Sinito Printed or typed name of this capacity. I further agree of my duties, and I am fam. | ffice of the registered that the change(s) erwise provided in of signee | |