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SECRETARY OF STATE

K. SALY AUG -2 2018

COVER LETTER

TO: Registration Section Division of Corpora							
	iversity Village, L	LLC					
SUBJECT:	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Ag	ent/Registered Offic	ce Change and	d fee(s) are submi	tted for filing.			
Please return all corresponde	ence concerning this	s matter to the	following:				
Sandra Rios							
Nar	ne of Person						
Mesa 21							
Firr	n/Company		·				
1414 N Orange Ave.							
Α	ddress						
Orlando, FL 32804							
City/Sta	ite and Zip Code						
sandra@mesa21.com							
E-mail address: (to be	used for future annu	ual report noti	fication)				
For further information cond	erning this matter,	please call:		1			
Sandra Rios		407 at (930-8000	850508918			
Name of Pe	rson		Area Code & I	Daytime Telephone Number			
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check	for the following	amount:					
☑ \$25 Filing Fee		- 5	555 Filing Fee & (Certified Copy			
INHS18 (2/14)							

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.

l. N	Mesa 21 Un ame of the limited liability company:	iversity '	Village, L	LC		
2. (a)	Mesa 21 University Village, LLC	- O	Mesa 21 University Village, LLC			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2440 E Highway 50	(.	(b)			•
	Clermont, FL 34711		Orlando	o, FL 32804		
	November 12, 2015		L150001	94744		
3.	Date of filing/registration in Florida	4.		Document number	Γ	
5. (a)	Registered Agent and Registered Office shown on the records o Sandra Rios	f the Florid	a Dept. of Sta	 te: :		
	Registered Office Address (MUST BE FLORIDA STREET 13506 Summerport Village Parkway, Suite		27	_	18 JUL SECKE TALLAH	η
	Windermere , F	34786 L			NSS IASS	F
(b)	Enter name of NEW Registered Agent and/or NEW Registered Sandra Rios	d Office ad	dress:		AH 12: 40 OF STATE EE, FLORIDA	ED
	NEW Registered Office Address: 1414 N Orange Ave.			_		
	Orlando , F	32804				
the cha agent v was/w the art Signa I here provis the obt to mer notifie	dimited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member of the appointment as registered agent and agions of all statutes relative to the proper and completelingations of my position as registered agent as provided in viriting of this change.	of the reginal interest of the limited Sa	stered office ompany, it in this cape of my	ce and the business of is hereby confirmed ty company or as of mpany. Printed or typed name pacity. I further agree that is and I am face that is and I am face that is a	office of the regil that the change herwise provide of signee	th the

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