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(Requestor's Name)						
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PICK-UP WAIT	1 AIL					
(Business Entity Name)						
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Certified Copies Certificates of Status						
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SECRETARY OF STATE

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Dana Szymanski dana.szymanski@cscglobal.com

Date: November 9, 2017

Order#: 897464/023

Re: LEGACY CALLAWALK LAND HOLDINGS, 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:Dana Szymanski c/o Corporation Service Company 251 Little Falls Drive 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. N	ame of the limited liability company: LEGACY CALL	AWALK I	AND HOL	DINGS, LLC	
2 (a)	25101 CHAGRIN BLVD., SUITE 300	(b	25101	CHAGRIN BLVD.	. SUITE 300
Σ. (α) <u>.</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	<i>,</i>	Mailing address of lin	nited liability company: OST OFFICE BOX)
	BEACHWOOD, OH 44122		BEACH	WOOD, OH 44122)
	12/04/2015		L150002	01042	
3.	Date of filing/registration in Florida	4.		Document numb	er
5. (a)	CT CORPORATION SYSTEM				
, ,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	e:	
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u>!</u>	_	_
				_	2011 SE
	PLANTATION FL	33324		_	留面丁二
(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (NEW Registered (NEW Registered (NEW Registered (NEW Registered (NEW Registered Office Address:</u>	Office add	lress:	-	2017 NOV 14 PM 2: 50 SECRETARY OF STATE FALLAHASSEE, FLORIDA
	Tallahassee F1	32301	•		
she cha agent v was/we the arti Signa I here provisi the obli to mere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided ely reflect a change in the registered office address, I have a complete proper and complet	the regis bility co the limi imited li Jill C	tered office mpany, it i ted liabilit ability con filmi, Autho	e and the business s hereby confirme y company or as on pany. Printed or typed nan parity: I further accompany.	office of the registered d that the change(s) otherwise provided in the of signee

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