## L15000201139

| (Requestor's Name)                      |                  |           |  |  |
|---|------------------|-----------|--|--|
| (Address)                               |                  |           |  |  |
| (Address)                               |                  |           |  |  |
| (City                                   | /State/Zip/Phone | #)        |  |  |
| PICK-UP                                 | WAIT             | MAIL      |  |  |
| (Business Entity Name)                  |                  |           |  |  |
| (Document Number)                       |                  |           |  |  |
| Certified Copies                        | Certificates o   | of Status |  |  |
| Special Instructions to Filing Officer: |                  |           |  |  |
|   |                  |           |  |  |
| ,                                       |                  |           |  |  |
|   |                  |           |  |  |

Office Use Only



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- CSC - WILMINGTON 251 Little Falls Drive Wilmington De 1980S

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: October 14, 2019

Order#: 939652/023

Re: PREMIER ESTATES 511, 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: Anthony Arthur

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: PREMIER ESTA   | ATES 511   | , LLC   |
|---|--|--|---|
| 2. (a)                                    | 5115 EAST STATE ROAD 64  | (b)  | 5115 EAST STATE ROAD 64   |
| ` '                                       | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
|   | BRADENTON, FL 34208-5509   | _  | BRADENTON, FL 34208-5509  |
|   | 12/02/2015   | _  | L15000201139  |
| 3.  | Date of filing/registration in Florida   | 4.   | Document number   |
| 5. (a)                                    | ROTELLA LEGAL GROUP P.A.   |  |   |
| DI (11)                                   | Registered Agent and Registered Office shown on the records of t   | he Florida I   | Dept. of State:   |
|   | 100 SOUTH ASHLEY DRIVE, SUITE 375  |  | دے  |
|   | Registered Office Address <u>(MUST BE FLORIDA STREET A</u>   | (DDRESS)   | 77.11 77.11 10 10 17.11 10 10 17.11 10 10 17.11 |
|   | TAMPA  | 33602  |   |
| (b)                                       | Corporation Service Company  |  |   |
| (0)                                       | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | Office addi  | <del>1</del> 6  |
|   | 1201 Hays Street   |  | • •   |
|   | NEW Registered Office Address:   |  |   |
|   |  |  | ·····   |
|   | Tallahassee , FL   | 32301  |   |
| the cha<br>agent v<br>was/we<br>the arti  | imited liability company is not organized under the law<br>ange or changes are made, the Florida street address of<br>vill be identical. Or, in the case of a Florida limited lia<br>ere authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the l | the registed<br>bility confithe limit<br>limited lia | ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in   |
| Signa                                     | ture of a number or authorized representative of a member  | -  | Printed or typed name of signee   |
| provisi<br>the obl<br>to mere<br>notified | by accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>by reflect a change in the registered office address. I had in writing of this change.                                 | performai<br>l for in Cl<br>iereby cor               | nce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been  |
| Signatu                                   | re of Registered Agent Corporation Service Company   | BV: Ce   | aco F. Kirby. Assistant Vice President  |