

8/8/2017

2017-08-18 15:41:35 CST

202203573 From: Kimberly Laughrey

Division of Corporations

## Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SUMMER RISE APARTMENTS, LLC**

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MAY 11 2017

Y SULKER

*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.*

2. (a) 822 A1A N. Highway, Ste. 310, Ponte Vedra, FL 32082  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 822 A1A N. Highway, Ste. 310, Ponte Vedra, FL 32082  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

5. (n) Corporation Service Company  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1201 Hays Street, Tallahassee, FL 32301

\_\_\_\_\_, FL \_\_\_\_\_

1200 South Pine Island Road

Plantation: EL 33324

Jeff Goldstein

Printed or typed name of signee

By: CT Corporation System *(Print Name)*  
Signature of Registered Agent

PL 0115 - 02/15/2016 Winter Silver Update