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(Cit	y/State/Zip/Phone	#)		
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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations					
GOLDELM AT MILLENIA WEST,	, LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
VANESSA BERTUCA					
Name of Person					
GOLDELM					
Firm/Company	 -				
7000 MAE ANNE AVE OFFICE					
Address					
RENO NV 89523					
City/State and Zip Code					
accounting@goldelm.com					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, please	e call:				
VANESSA BERTUCA	775 ,747-7500				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amou	int;				
☑ \$25 Filing Fee	☐ \$55 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.

!. (a)	ome of the limited liability company: OCENEW 7 7000 MAE ANNE AVE	(b) 7000 MAE ANNE AVE		
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	OFFICE		OFFICE	
	RENO NV 89523		RENO N	NV 89523
	06/08/2016		L160001	10657
	Date of filing/registration in Florida	_ 4.		Document number
. (a)	MOSES, MICHAEL			
. (4)	Registered Agent and Registered Office shown on the records of 12443 SAN JOSE BL	the Florida	Dept. of Stat	e:
	Registered Office Address (MUST BE FLORID.) STREET SUITE 604	ADDRESS	7	_
	JACKSONVILLE , FI	32223		-
. 4 .	HUBBARD, RODERICK			- : : : : : : : : : : : : : : : : : : :
(b)	Enter name of NEW Registered Agent and or NEW Registered	1 Offic <u>e ad</u>	dress:	(数 9) (c) 30N 20
	5333 SW 75TH ST			
	NEW Registered Office Address:			
	OFFICE			- 10 10
	GAINESVILLE	32608		
ie cha gent v ras/wo ie arti	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an Affirmative vote of the members cles of organization by the operating agreement of the	t the registability co of the line of the line	stered officompany, it is ited liability in the contraction of the con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
Signa	ture of a niember or duthorized representative of a member			Printed or typed name of signee
rovisi he obl) merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide dy reflect a change in the registered office address. I I'm writing of this change.	ree to act e perform ed for in C hereby co	in this cap ance of my Thapter 602 onfirm that	acity. I further agree to comply with the duties, and I am fam liar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been