Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000292273 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

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

| c11 | Address: | |
|--------|----------|--|
| Email. | Address: | |

LLC REGISTERED AGENT CHANGE SKYVALE PROPERTIES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\ \ \cdot$

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.

| Na | ime of the limited liability company: | ale Prope | | | |
|---------|---|-------------------------|--|-------------------|--|
| . (a) _ | Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | | (b) | | |
| | 7901 4th St N STE 300 | | 391 Honeysuckle Ln | | |
| | St. Petersburg FL 33702 | | Crossville TN 38572 | | |
| | 11/16/2016 | L | L16000210053 | | |
| | Date of filing/registration in Florida | 4. | Document number | | |
| (4) | Lawless, Michael | | | | |
| . (a) | Registered Agent and Registered Office shown on the re- | ecords of the Florida I | Dept. of State | | |
| | 7583 Tuscan Bay Circle. | | | | |
| | Registered Office Address (MUST BE FLORIDA S | | | | |
| | | | | 2021 | |
| | Wesley Chapel | FL 33545 | > . 50 > 7. | ر ت د ت د ت | |
| | Northwest Registered Ag | 55 E. | -\sqrt{-\sq\t{-\sqrt{-\sq\t{-\sqrt{\cand{\can\}\}\cand{\cand{\cand{\cand{\cand{\cand{\cand{\cand{\cand{\ | | |
| | Enter name of NEW Registered Agent and/or NEW R | ress: | | | |
| | 7901 4th St N | 전환 | | | |
| | NEW Registered Office Address: | | | | |
| | STE 300 | | | | |
| | St. Petersburg | , FL 33702 | | | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

| le articles of organization of the operating agreement of the | |
|--|---|
| Signature of a member or authorized representative of a member | Morgan Noble Printed or typed name of signce |
| Signature of a member of authorized representative of a member | ž. – |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

CloveTom Glover - Assistant Secretary

Signature of Registered Agent