Division of Corporations

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

Pursuant to the provisions of sections 605.0114 ar 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. Na	une of the limited liability company: University	ty Oaks A	√pa	rments -	Athens, LLC	
2. (a)	c/o Asia Capital Real Estate		_ _ _	c/o Asia	Capital Real Estate	
()	Principal office address of limited liability compas (Note: MUST BE STREET ADDRESS)	пу;			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	822 A1A North, Suite 310			822 A1A	North, Suite 310	
	Ponte Vedra, Florida 32082			Ponte V	edra, Florida 32082	
•	January 30, 2017			L170000	22918	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	C T CORPORATION SYSTEM					
∍. (a)	Registered Agent and Registered Office shown on the reco	ords of the Fl	orida	Dept of State	• :	
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST RE FLORIDA ST	REETADDE	EC;	D)	•	
					_	-4
	PLANTATION	, FL 333	324			100
		FL/			•	APR
(b)	Corporation Service Company				_	Q. F.
` ,	Enter name of NEW Registered Agent and/or NEW Reg	istered Offic	29 ad	dress:		_
	1201 Hays Street					3
	NEW Registered Office Address:		-		_	ي
	<u> </u>					CO
	Tallahassee	321	301		•	
	(alianassee	FL_323	101	77	_	
the cha agent v	imited liability company is not organized under ange or changes are made, the Florida street addr will be identical. Or, in the case of a Florida Ilm ere authorized by an affirmative vote of the mem ioles of organization	ress of the raited Habilit obers of the	regi ty c o lin	stered office ompany, it in ited liability	e and the business office of the regists hereby confirmed that the change(sty company or as otherwise provided	tered s)
	474-		R٥	bert E. Ri	· · ·	
Signa	iture of a member of authorized representative of a member				Printed or typed name of signee	
I here provisi the obi to mer notifie	by accept the appointment as registered agent a tions of all statutes relative to the proper and con ligations of my position as registered agent as prely reflect a change in the registered office address of my reting of this change.	nd agree to nplete perf rovided for ess, I here	orn form in by c	t in this cap lance of my Chapter 60: onfirm that	acity. I further agree to comply with duties, and I am familiar with and a 5, F.S. Or, if this document is being the limited liability company has bei	i the Rept filed en
. rigner	he of Registered Agent					
	Division of Corporationse	P.O. Box o NG FEE:	632 \$2 5	7• Tailaha; i,00	ssee, FL 32314	
HS18 (2.	/14)					