117000026174

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2018

KATHY MORO 7805 SW 6TH COURT PLANTATION, FL 33324

SUBJECT: SREP V, LLC Ref. Number: L17000026174

We have received your document for SREP V, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Print or type name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number:

Letter Number: 918A00020960

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(1)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHFOR 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.	Na	ne of the limited liability company: <u>SREP V, LLC</u>		
2.	(a) /	ATTN: Lynda Watkins	(b) S	SAME
	()	Principal office address of limited liability company:	(-/	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
		301 E LAS OLAS BLVD		
		FT. LAUDERDALE, FL 33301		_
		02/01/2017		L17000026174 ==-
3.		Date of filing/registration in Florida	4.	Document number
ŝ.	(a)	CORPORATION SERVICE COMPANY		00 :1
		Registered Agent and Registered Office shown on the records of	the Florida De	Dept. of State:
		1201 HAYS STREET		
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
		TALLAHASSEE, FL	. 32301	. >
	(b)	FRANK_WEINBERG & BLACK P.L.		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	ess:
		7805 SW 6th Court		
		NEW Registered Office Address:		
		C/O DAVID BLACK, ESQ.		
		PLANTATION . FL	. 33324	
th ag w:	e cha ent w as/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of the of organization or the operating agreement of the	the register bility compa of the limited	ered office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
			203€	Printed or typed name of signee
	Signal	ure of a member or authorized representative of a member		Printed or typed name of signee
pr th to	ovisi e obli mere	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to act in a performance d for in Cha hereby confi	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
S	ignatu	e of Registered Agent		

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00