8/10/2018

(B)



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2017 IAVE WINDY CITY FOX RUN LLC

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AUG 1 3 2018

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

Pursuant to the provisions of sections 605.0)14 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered ogent, or both, in the State of Florida.

| tal | The state of the s | (b) | | | | <u></u> |
|----------------------------------|--|--|--|-------------------------------|----------------------------|-----------------------|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | | | |
| | 4820 LEONARD STREET | | 4820 LEONARD STREET | | | |
| | CAPE CORAL, FL 33904 | | CAPE CORAL, FL 33904 | | | |
| | 03/27/2017 | I | .17000069636 | | | |
| | Date of filing/registration in Florida | 4. | Document numb | ber | | |
| <i>\$</i> \ | WALKER, CHRISTOPHER A | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRESS) | | | | |
| | 800 WEST MONROE STREET | | | | | |
| | JACKSONVILLE , F | FL 32202 | | | 200 | |
| | | | | -, | SOV E | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | | | Ťa. | ें । | |
| | Enter name of NEW Registered Agent and/or NEW Register | to Oilice Mad | 1054. | r 7. | တ် | • |
| | | | | | - P | ľ |
| | NEW Registered Office Address: | | | - <u>-</u> 2 , | <u>ထ</u> | Ţ |
| | 822 N A1A, Suite 100 | | AMERICA - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | . <u>1</u> | 90 | |
| | Ponte Vedra Beach | FL_32082 | | | | |
| e cha gent v as/w e art | imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the company of the periods. | of the regis liability co s of the lim he limited l | moony is is beenly confirm | ied that to otherwi Wal | he chan se provi KCE | reisi Reis |
| _ | ture of the mby it authorized representative of a member by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registeryd, office address. | | in alice a manager I forthan | amas to | comple | with d ac ing j |

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