| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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17 JUN-1 AMID: 05

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S. WARREN JUN 0 2 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 665646 7912084

AUTHORIZATION : Spelle Reg.

COST LIMIT : \$ 25.00

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ORDER DATE : June 1, 2017

ORDER TIME : 12:33 PM

ORDER NO. : 665646-005

CUSTOMER NO: 7912084

\_\_\_\_\_

## CHANGE OF AGENT

NAME: AP SUMMERLIN PLACE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

## 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.

| 2. (a)                                   | 14656 Summer Rose Way  |   | (b) 14656 Summer Rose Way                                       |  |  |
|--|--|---|---|--|--|
|  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   |   | failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |
|  | Fort Myers, FL 33919   | <del>-</del>                                  | Fort My   | vers, FL 33919   |  |
|  | 05/05/2017   | _   | L170001   | 100410   |  |
| 3.                                       | Date of filing/registration in Florida   | 4.  |   | Document number  |  |
| 5. (a)                                   | DeMond, Troy E   |   |   |  |  |
| (b)                                      | Registered Agent and Registered Office shown on the records of t   | he Florid:                                    | Dept. of Sta  | ne:  |  |
|  | 14656 Summer Rose Way  |   |   |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET A  |   |   |  |  |
|  | •  |   |   | ## <b>7</b>  |  |
|  | Fort Myers . FL  | 33919   |   | FILE JUN-1 A JANASSEE  |  |
|  | Corporation Service Company  |   |   |  |  |
|  | Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered Office address:  On the service Company  Enter name of NEW Registered Agent and/or NEW Registered Office address:  |   |   |  |  |
|  |  |   |   | RED OS   |  |
|  | 1201 Hays Street   |   |   | <b>&gt;</b>  |  |
|  | NEW Registered Office Address:   |   |   |  |  |
|  |  | 20204   |   | The second secon |  |
|  | Tallahassee  | 32301   |   | <del></del>  |  |
| the cha<br>agent v<br>was/we             | mited liability company is not organized under the law<br>nge or changes are made, the Florida street address of<br>fill be identical. Or, in the case of a Florida limited lia-<br>tre authorized by an affirmative vote of the members of<br>cless of organization or the operating agreement of the | the reginbility confirmation that the limited | stered offic<br>ompany, it i<br>tited liabilit<br>liability cor | ce and the business office of the registere<br>is hereby confirmed that the change(s)<br>ity company or as otherwise provided in<br>impany.  |  |
| (  | urg of a member or authorized representative of a member   | A   | rehtop Grou   | p, LLC, Member Printed or typed name of signee   |  |
| I herel<br>provisi<br>the obl<br>to merc | or accept the appointment as registered agent and agr<br>ions of all statutes relative to the proper and complete<br>igations of my position as registered agent as provided<br>by reflect a change in the registered office address. It<br>I'm writing of this change.                                | ee to ac<br>perform<br>I for in G<br>iereby c | t in this cap<br>ance of my<br>Chapter 60,<br>onfirm that       | pacity -1 further ourse to comply with th  |  |
| •  | n Z  |   | Melissa   | <b>Z</b> ender   |  |
|  | IVI- Tien Her  |   | IVICIIOOU   | LICITOR .  |  |

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