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To: Division of Corporations Fax Number : (850) 617-6383 2019 2019 DEC 17 Ph 12: 1 From: Account Name : INCORP SERVICES IN 見たしたが、 Account Number : 120120000007 : (702)866-2500 Phone : (702)866-2689 Fax Number **Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please. 1 **....** Email Address: documents a) in cove ST. LLC REGISTERED AGENT CHANGE **17 VILLA RICA APTS LLC** Certificate of Statue 0 Certified Copy 0 02 Page Count Estimated Charge \$25.00 CEC 1 C 2010

Electronic Filing Menu

Corporate Filing Menu

Help

•	•		H19000362879.
3	· · ·	COVER LI	TTER
	Registration Section Division of Corporations		
	17 \	/ILLA RICA /	APTS LLC
SUBJE	CT:Name	of Limited Lia	ability Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.
	eturn all correspondence concerning this r		
	Attn: Processing Dept.		
	Name of Person		
	InCorp Services, Inc.		
<u> </u>	Firm/Company		
	3773 Howard Hughes Pkwy. Suite 5	005	
	Address	i	_
	Las Vegas, NV 89169-6014		
	City/State and Zip Code		—
	documents@incorp.com		
E-	mail address: (to be used for future annua	l report notifie	cation)
For furt	her information concerning this matter, pl	ease call:	
Lorie	Cuni	_ 800-246-2 _ at	
	Name of Person		Area Code & Daytime Telephone Number

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

11

Enclosed is a check for the following amount:

\$25 Filing Fee

🖸 \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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 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)	Principal office address of limited liability company		(b)						
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(b)						
	200 SHEFFIELD STREET STE 305		200 SHEFFIELD STREET STE 305						
	Mountainside, NJ 07092		Mountainside, NJ 07092						
	06/05/2017		L17000123142						
	Date of filing/registration in Florida	4		Doc	ument	number			
(a)			•						
- -	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
	SCORATOW, JOANNE								
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
	4872 Northwest 59th Court	<u>`1.</u>							
	Coconut Creek	 , FL	33073		2013				
	· ·		-		DEC	T			
(b)	Enter name of NEW Registered Agent and/or NEW Regis	tered Offi	ice address:			F			
	InCarp Services, Inc.	·			U	1 · 1			
	NEW Registered Office Address:		•.		ē.				
	17888 67th Court North		· · · · · · · · · · · · · · · · · · ·		د با	· ·			
	Loxahatchee	.FL	33470						

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.

V Jeff Hatchman -the Signatured a moder or authorized representative of a member Printed or typed name of signee 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.

Lorie Cuni on behalf of InCorp Services, Inc.

Signature of Registered Ap

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