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an	the email address for this busine nual report mailings. Enter only ail Address:	ess entity to be used one email address ple	for future ase.**		
10 6 NV	LLC REGISTERED AC LEN-ANGELIN				
27	Certificate of Status	0	6.5		
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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

. Na	me of the limited liability company: LEN-ANGELIN	E, LLC			
(B) 2502 N. Rocky Point Drive		ſЪ	(b) 2502 N. Rocky Point Drive		
( <b>a</b> ) ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of	limited liability company: E POST OFFICE BOX	
	Suite 1050		Suite 1050		
	TAMPA, FL 33607		TAMPA, FL 33607		
	08/11/2017		L17(000171460		
S.	Date of filing/registration in Florida	4.	Document nu	nber	
	TK Registered Agent, Inc.				
i. (a)	Registered Agent and Registered Office shown on the records in	f the Florida	Dept. of State:		
	•			~	
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS	<u>'l</u>	70201.	
	101 F., Kannedy Boulevard			. <del></del>	
	Suite 2700 Fampa, F	L. 33607		27	
				—	
(b)	C T Corporation System			Ē	
•	finter name of NEW Registered Agent and/or NEW Registere	ed Office ad	dieze;	<del></del>	
	NEW Registered Office Address:		<del></del>		
	1200 South Pine Island Road				
	Plantation , F	L_33324			
the ch agent	timited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	liability of s of the line he limited	ompany, it is hereby confinited liability company or liability company.	rmed that the change(s) as otherwise provided in	
flors S	••	Ma	irk Sustana, <u>Vice Presi</u>	dent of Managing Membe	
2120	after of a member or authorized representative of a member			i name of signee	
provis the or to me	by accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provingly reflect a change in the registered office address, and in writing of this change.  CT Committee System	igree to ac de parforn ded for in I hereby c	t in this capacity. I furthe tance of my duties, and Lo Chapter 605, F.S. Or, if t confirm that the limited lic	or agree to comply with the an familiar with and accept his document is being filed bility company has been	
	ure of Registered Agent Stephanie Boehm - Assist	ant Secret	ary		
	Division of Corporations P.O.	), Box 632	7. Tallahassee, FL 3231	4	

FILING FEE: \$25.00