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(Ac	ldress)	
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(Bu	isiness Entity Name)	
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Special Instructions to	Filing Officer:	ļ
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D. SCOTT SEP 1 8 2017



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.

l. Na	ame of the limited liability company	, SH Village	Square \	West Aparti	ments, LLC		
2. (a)	c/o Sarah Halpert		(b)	h Halpert		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		、	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	5116 Wickett Terrace			5116 Wickett Terrace			
	Bethesda, MD 20814			Bethesda	a, MD 20814		
	09/14/2017			L1700019	1948		
3.	Date of filing/registration	in Florida	4.		Document number	· · -	
5. (a)	Corporation Service Compar	y y					
. (-)	Registered Agent and Registered Office at	own on the records	of the Florid	la Dept. of State	:		
	600 Massachusetts Avenue	ŅW					
	Registered Office Address (MUST BE	FLORIDA STRE	ET ADDRES	<u>:5)</u>			
	Washington		_{FL} 20001				
(b)	Corporation Service Compan) Y					-1
	Enter name of NEW Registered Agent an	d/or <u>NEW Registe</u>	red Office a	dd <u>ress</u> :			
	1201 Hays Street					· · - ·	, 1
	NEW Registered Office Address:					- 	
		<u> </u>				-	č,
	Tallahassee	ļ <u> </u>	FL				

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)

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. Sharmila Das tharmla Das Signature of a member 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 statules 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. Melissa Zender Agent Vice President 0 Signature of Registered Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 **FILING FEE: \$25.00** INHS18 (2/14)