## L17000209703

(Requestor's Name)					
(Address)					
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
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Office Use Only



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CSC - WILMINGTON : 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: October 14, 2019

Order#: 939652/028

Re: PREMIER ESTATES 524, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.

1. Na	me of the limited liability company: PREMIER ESTA	TES 524	524, LLC	
2. (a)	5115 EAST STATE ROAD 64	(b)	(b) 5115 EAST STATE ROAD 64	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-)	Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO	•
	BRADENTON, FL 34208-5509	-	BRADENTON, FL 34208-5509	
	10/10/2017	_	L17000209703	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ROTELLA LEGAL GROUP P.A.			
	Registered Agent and Registered Office shown on the records of the	e Florida	da Dept. of State:	
	100 SOUTH ASHLEY DRIVE, SUITE 375			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	<u></u>	
			~~·	
	TAMPA	33602	7E19 DET 15	
(b)	Corporation Service Company		<u></u>	
(4)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addi	ildress:	· j
			-	· ,
	1201 Hays Street			I.
	NEW Registered Office Address:		<u></u>	
	Tallahassee .FL	32301	1	
the chai agent w was/wei the artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the programization or the operating agreement of the limited liab	ne registe ility con the limit	istered office and the business office of the reg ompany, it is hereby confirmed that the chang nited liability company or as otherwise provid	gistered re(s)
Signan	are of a nember or authorized representative of a member	Jill Ci	Cilmi, Authorized Person	
I hereb provisió he obli o mereb notified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pegations of my position as registered agent as provided fly reflect a change in the registered office address, I her in writing of this change.	erformar for in Ch reby con	Printed or typed name of signee of in this capacity. I further agree to comply with analogue of my duties, and I am familiar with ana Chapter 605, F.S. Or. if this document is being confirm that the limited liability company has dirace E. Kirby, Assistant Vice President	rith the l accept ng filed been