## L17000 249344

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

Office Use Only



03/11/19--01017--013 \*\*25.00

MAR 21 2019

I ALBRITTON

TO:

TO:	Registration Section Division of Corporations			
SUBJ	The Retreat at Ponte Vedra E	3each		
		of Limited Li	ability Company	
Dear S	Sir or Madam:	•		
The e	nclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.	
Please	e return all correspondence concerning this	matter to the	following:	
Ther	resa Randazzo-Burton			
-	Name of Person		_	
The	Retreat at Ponte Vedra Beach			
	Firm/Company		<del>_</del>	
35 E	xecutive Way, Suite 104			
	Address		<del></del>	
Pon	te Vedra Beach, FL 32082			
	City/State and Zip Code		<del></del>	
ther	esa.randazzo-burton@retreatpvb.co		•	
	E-mail address: (to be used for future annu	ual report notif	ication)	
For f	urther information concerning this matter,	please call:		
The	resa Randazzo-Burton	904	335-3252	
	Name of Person	\	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	<u> </u>	55 Filing Fee & Certified Copy	
INHS	518 (2/14)			

## 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.

Name of the limited liability company:  The Retreat at Ponte Vedra Beach					
2. (a)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)		
	35 Executive Way, Suite 104	PO Bo	x 376		
	Ponte Vedra Beach, FL 32082	Ponte	Vedra, FL 32004		
	12/06/2017	L17000	249344		
3.	Date of filing registration in Florida	₹.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the Eric Burton Registered Office Address (MUST BE FLORID) STREET.1 3015 Hartley Road  Jacksonville	he Florida Dept. of S  (DDRESS)  32257  Office address:	2019   1   PH 4: 14		
Signa  Thereprovise the obt typner notific	porte Vedra Record. Ft.  Innited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o ticles of organization or the operating agreement of the aure of a member or authorized representative of a member oby accept the appointment as registered agent and agen- tions of all statutes relative to the proper and complete digations of my position as registered agent as provider of reflect a change in the registered office address, I had in writing a this change.  The proper and complete of the reflect a change in the registered office address, I had in writing a this change.	vs of the State of the registered off ability company, if the limited liability to Theresa R	Florida, it is hereby confirmed that after Tee and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  andazzo-Burton  Printed or typed name of signee		

Division of Corporations

• P.O. Box 6327

• Tallahassee, F1, 32314

F1LING FEE: \$25.00