1180000 43565

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
7031					

Office Use Only



000328978520

U5/U7/19--U1018--U14 **25.U0

2019, HAY - 7 PM 5: 16 SECRETAIN SEE, FL

LLC PA CH Sylv



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: May 3, 2019

Order#: 738531/001

Re: 1220 S DALE MABRY REAR, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Ashley Jiminez 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. N	ame of the limited liability company: 1220 S DALE M	IABRY REA	R, LLC		
2. (a)	401 EAST JACKSON STREET	(b)	(b) 401 EAST JACKSON STREET		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	Timited liability company: E POST OFFICE BOX)	
	SUITE 3300		SUITE 3300 TAMPA, FL 33602 L18000043565		
	TAMPA, FL 33602				
	02/19/2018	_ <u>_</u> _L			
3.	Date of filing/registration in Florida	4.	Document nur	nber	
5. (a)	SOBELMAN, DAVID				
	Registered Agent and Registered Office shown on the records of t	he Florida De	pt. of State:		
	401 EAST JACKSON STREET				
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	 	s 23	
	SUITE 3300			2019 HAY SECULLY	
	TAMPA , FL	33602		A	
(b) _.				ASSEE	
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>⊅</u> :	5: 16 STATE	
	1201 Hays Street			, , ,	
	NEW Registered Office Address:				
	Tallahassee	32301			
the cha agent v was/w	imited 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 amhorized by an affirmative vote of the members of icles of organization or the operating agreement of the law.	the register bility comp f the limited	ed office and the busing any, it is hereby confir I liability company or a	ess office of the registered med that the change(s)	
Siana	attree of a member or authorized representative of a member	Jill Cilm	ni, Authorized Person		
I here provisi the obi to mer notific	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	performanc I for in Cha iereby confi	e of my duties, and Lan nter 605 F.S. Or if thi	agree to comply with the n familiar with and accept is document is being filed ility company has been	