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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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LLC REGISTERED AGENT CHANGE PARK MEADOWS LLC

Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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. N	ame of the limited liability company: Park Mea	adows L	LC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/21/2018	L18	3000271595
3.	Date of filing/registration in Florida	4.	Document number
5. (a	LEGALINC CORPORATE SERVICES INC.		
, (Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	5237 SUMMERLIN COMMONS		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	SUITE 400		
	FORT MYERS FI	33907	_
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	l Office address:	ZOZI NOV 18 AM SECRETANY SEIS FI MALLAHASSEIS, FI
	NEW Registered Office Address:		
	STE 300	M.	7 54 E
	St. Petersburg, FL	33702	MANUTE AND THE STREET
the chagent was/v	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered ability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. ark
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi. the ob to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. Bill Havre - Assistar	ree to act in the performance of for in Chap hereby confirmant Secretary	of my duties, and I am familiar with and accepter 605. F.S. Or, if this document is being filed m that the limited liability company has been