118000 290 449

(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:								

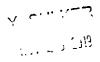
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2019 DCT 30 PK 2: 05



COVER LETTER _

TO:	Registration Section Division of Corporations		•					
SUBJE	HERITAGE AT TEMPLE TERRACE 126, LLC							
30031		Name of Limited Liability Company						
Dear Si	ir or Madam:							
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning the	is matter to the	following:					
GEOF	RGE ULLRICH							
	Name of Person							
CREA	ATIVE REALTY PARTNERS							
	Firm/Company		_					
9465	WILSHIRE BLVD., THIRD FLOOP	₹						
	Address		_					
BEVE	RLY HILLS CA 90212							
	City/State and Zip Code		_					
GEOF	RGE@CREATIVEREALTYPARTI	NERS.COM						
E	-mail address: (to be used for future ann	ual report notifi	cation)					
For furt	ther information concerning this matter.	please call:						
GEOF	RGE ULLRICH	714 at (267-6132					
	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		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy					
INHS18	(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.

1. N	Same of the limited liability company: HERITAGE A	T TEM	PLE TERR	RACE 126, LL	-C	
2. (a	HERITAGE AT TEMPLE TERRACE 126 C/O) (₍₁	HERITAC	GE AT TEMP	PLE TERRACE	126 C
2- (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(.		-	imited liability comp POST OFFICE BO	•
	9465 WILSHIRE BLVD., THIRD FLOOR		9465 WIL	SHIRE BLVI	D., THIRD FLO	OOR
	BEVERLY HILLS CA 90212		BEVERL	Y HILLS CA	90212	
	12/19/2018		L18000290	0649		
3.	Date of filing/registration in Florida	4,	I	Document numl	ber	
5. (a	MOSES, MICHAEL					
(-	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				2019 OCT SO	77
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				TE CO	
	12443 SAN JOSE BLVD., SUITE #604					ŗπ
	JACKSONVILLE . FL	32223			OF ST	-
(b	RON WENZEL				STATE FLORIDA	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		·	·
	GRAIL MANAGEMENT GROUP	_				
	NEW Registered Office Address:		- "			
	676 CHERRY STREET, SUITE #2					
,	WINTER PARK	32789				
the ch agent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liakere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi bility co f the lin limited	stered office a ompany, it is nited liability	and the busines hereby confirm company or as pany,	ss office of the re led that the chang	gistered gc(s)
Sign	ature of a member or authorized representative of a member			Printed or typed na	ame of signee	
I here provision the ob- to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I head in writing of this change	ee to act perform for in (ereby c	t in this canaa	city I firther o	iaree to comply i	vith the d accept ng filed been
Signat	ure of Registered Agent					
	Division of Company is and D.O. P.	av 6233	7 a Tallahasa	FL 23214		

FILING FEE: \$25.00

INHS18 (2/14)