(((H240001238513)))

(shown below) on the top and bottom of all pages of the document.



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

LLC REGISTERED AGENT CHANGE CAMPUSLORE LLC

Certificate of Status	U
Certified Copy	1
Page Count	02
Estimated Charge	S55.00

M. SOLOMON

Electronic Filing Menu Corporate Filing Menu

Help

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.

I. N	ame of the limited liability company: CAMPUSLORI	: LLC 			
2. (a)	100 Corridor Road	(b)	(b) 100 Corridor Road		
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability con (Note: MAYBE POST OFFICE)	mpany:	
	SUITE 200		SUITE 200		
	PONTE VEDRA BEACH, FL 32082		PONTE VEDRA BEACH, FL 32082		
	05/18/2020	L	20000135066		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	STACHITAS, LEONARD				
J. (a)	Registered Agent and Registered Office shown on the records of 3032 CYPRESS CREEK DR E.	Dept. of State:	2024 APR		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>		F) 77		
	PONTE VEDRA BEACH , F	L 32082		‡ -	
(b)	C T Corporation System			- 20 :21 !!!	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			2	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation F	L_33324			
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regist liability con of the limit	ered office and the business office of the apany, it is hereby confirmed that the cha ted liability company or as otherwise pro	registered inge(s)	
	Leonard Stachitas	Leona	rd Stochitas		
•	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer notifie By:	thy accept the appointment as registered agent and agents of all statutes relative to the proper and completeligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change. C.T. Colporation System Rachel O'Connor, Assistant Secretary Research Agent	gree to act i fe performa led for in Ci I hereby cor	n this capacity. I further agree to compl nce of my duties, and I am familiar with a hapter 605, F.S. Or, if this document is k ifirm that the limited liability company h	y with the ind accept being filed as been	