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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Shoppes of Blue Lake, L (Name of L	LC Limited Liability Company)	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Martin P. Heise (Name of Person)		CIVISIO
Shoppes of Blue Lake, LLC (Firm/Company)		OT JUL 25 AH II: 38
2200 NW 2 Avenue, Suite 220 (Address)		N: 38
Boca Raton, FL 33431		
(City/State and Zip Code)		
For further information concerning this matter	ter, please call:	
Bettina Smoot	at (561) 997-0045 x-203	
(Name of Person)	(Area Code & Daytime Telephone N	lumber)
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	
Enclosed is a check for the followin	ng amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is:	Shoppes of Blue Lake, LLC	
2. The mailing address of the limited liability co	ompany is : 2200 NW 2 Aver	nue, Suite 220
Boca Raton, FL 33431		
03/10/1999	L99000001350	1
3. Date of filing/registration in Florida	4. Document nu	ımber
5. The name of the registered agent and the regist Florida Department of State:	stered office address as showr	on the records of the
Martin P. Heise	N	_
Name		· 🙃
947 Clint Moore Road Address		- 9 No
Boca Raton, FL 33487		
	State and Zip	OT JUL 25
6. The name and address of the new registered agent and/or office:		ARY NEOR ATIONS 25 AM II: 38
Martin P. Heise	•	
Name 2200 NW 2 Avenue, Suite 220		AH II: 38
Florida street addres	s (P.O. Box NOT acceptable)	
Boca Raton,	FL 33431	
City, S	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability (Signature of a member or authorized representative of a member of a member of authorized representative of a member of a memb	nade, the Florida street addrestill be identical. Or, in the case change(s) was/were authorized or as otherwise provided in try company.	s of the registered office te of a Florida limited ared by an affirmative vote
Martin P. Heise		
(Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address I hereby Outing that the limited liability	ngent and agree to act in this of the to the proper and complete ns of my position as registered filed to merely reflect a chan ty company has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00