L9900005886

(Requestor's Name)							
. (Address) . (Address)							
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 608468 4813078							
AUTHORIZATION Conclude Man							
COST LIMIT : \$-25.00							
ORDER DATE: April 20, 2017							
ORDER TIME : 10:29 PM							
ORDER NO. : 608468-315							
CUSTOMER NO: 4813078							
CHANGE OF AGENT							
NAME ADDO COLLA COLLA CAS							
NAME: ARDC-OCALA 201, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
THE STATE OF THE S							
CONTACT PERSON: Melissa Zender EXT#							

EXAMINER:

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.	Na	me of the limited liability company: ARDC-Ocali	a 201, LL	2_				
2.	(a)	,		(b)				
	• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	. N	Aziling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		1375 East Buena Vista Drive, 4th Floor North	<u> </u>		500 Sout	h Buena Vista Street		
		Lake Buena Vista, FL 32830	······································		Burbank,	CA 91521		
		09/20/1999		_	L9900000			
3.		Date of filing/registration in Florida	4.			Document number		
5.	(a)	Registered Agent and Registered Office shown on the records Jeffrey S. Craigmile Registered Office Address (MUST BE FLORIDA STRE) 1375 East Buena Vista Drive. 4th Floor North				: :		
		Lake Buena Vista,	, FL <u>328</u>	30		, in the second second		
	<u>(</u> b)	Enter name of NEW Registered Agent and/or NEW Register	ered Office	addi	<u>ress</u> :	APR 24 AM 8: 46		
		Margaret C. Giacalone NEW Registered Office Address:				8: 46		
		1375 East Buena Vista Drive, 4th Floor North						
		Lake Buena Vista,	, FĹ <u>328</u>	30		•		
the ag	e cha ent v is/wi	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membe cles of organization or the operating agreement of	s of the re d liability ers of the l	gist cor imit	ered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	Signa	ture of a member or authorized representative of a member	N	ars	ha L. Reed	I. Secretary Printed or typed name of signee		
In pr the to nò	here ovisi obl mere tifle	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address din ynifing of this change	agree to a lete perfor ided for i s; I hereby	ict i rmai n Cl r coi	in this capa nce of my o hapter 605 nfirm that t	_		

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