





Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000230566 3)))



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 : FCA0000000023 : (614)280-3338 Phone

Fax Number : (954)208-0845

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

Fmail	Address:			

LLC REGISTERED AGENT CHANGE MOB 14 OF FLORIDA, LLC

0
1
02
\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 06 2019 M. SOLOMON

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.

2 (a) <u>-</u>	Principal office address of limited hability company: (Note: MEST BE STREET ADDRESS) 1920 Main Street, Suite 1200		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX) 1920 Main Street, Suite 1200 Itvine, CA 92514			
	Irvine, CA 92614					
	12/26/2003		M03000004320			
3.	Date of filing/registration in Florida	4.	Documen	it number		
5. (a)	CORPORATION SERVICE COMPANY					
	Registered Agent and Registered Office shown on the records of 1201 FIAYS STREET Registered Office Address		'# 'To	2019		
(b)	TALLAHASSEE		7 mg 1 mg	AUG T		
	C T Corporation System		1 20	1 3		
	Enter name of NEW Registered Agent and/or NEW Register	dress:	· · · · · · · · · · · · · · · · · · ·	ë C		
	1200 South Pine Island Road		≟ँ र ।	55 호 ~		
	NEW Registered Office Address		· '	,		
	Plantation I					
the cha agent v was we	imited liability company is not organized under the large 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 members cles of organization or the operating agreement of the	of the regi liability co s of the lin	stered office and the bompany, it is hereby conted liability company	ousiness office of the r confirmed that the char	registered age(5)	
k	> Belanger	rein Belanger, Secretary				
	ture of a member or full prized representative of a member			typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple agations of my position as registered agent as provi fly reflect a change in the registered office address, I in writing of this change.	igree to ac le perform ded for in (I hêreby c	t in this capacity. I fu ance of my duties, am Chapter 605, F.S. Or, onfirm that the limited	other agree to comply d Lam familiar with a , if this document is be d hability company ha	with the nd accept ang filed is been	