(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:							

Office Use Only



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SECRETARY OF STATE

RA/RO/Ch8

JUN 11 2015

I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: June 1, 2015

Order#: 631601-153

Re: LEISURA II DEVELOPMENTS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: LE	EISURA II DE'	VELOPM	ENTS LLC	HER N	
2.	(a) _	1621 18TH STREET SUITE 300 Principal office address of limited liabili	ty company:	(b		Mailing address of limited lia	bility company:
		(Note: MUST BE STREET ADD	• • •			(Note: MAY BE POST OF	
		DENVER C(80202				
		05/26/2004			M0400000	02023	
3.		Date of filing/registration in Fl	orida	4.		Document number	
5.	(a)	C T CORPORATION SYSTEM					
	()	Registered Agent and Registered Office shown of	on the records of	the Florida	Dept. of State	:	
		1200 SOUTH PINE ISLAND ROAD					N ON
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					AND SECRETA
		PLANTATION	, FL	. 33324			ယ် <u>အ</u>
	(b)	Corporation Service Company					PH 12:
	(~)	Enter name of NEW Registered Agent and/or N	NEW Registered	Office add	lress:	•	O **
		1201 Hays Street					
		NEW Registered Office Address:					
					· <u>-</u>		
		Tallahassee	, FI	32301			
the age wa	cha ent w s/we	mited liability company is not organized nge or changes are made, the Florida str vill be identical. Or, in the case of a Flo re authorized by an affirmative vote of the cles of organization or the operating agr	eet address of rida limited li the members o	the regise ability confither the	tered office mpany, it is ited liability	e and the business office is hereby confirmed that y company or as otherw	e of the registered the change(s)
		126		Don	a Priebe, A	uthorized Person	
- 5	igna	e of a member or authorized representative of a	a member			Printed or typed name of si	gnee
pro the to t	ovisi obli mere	y accept the appointment as registered ons of all statutes relative to the proper gations of my position as registered agily reflect a change in the registered offin writing of this change.	agent and agg and complete ent as provide ice address, I	ree to act perform d for in C hereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I further agree to duties, and I am familia , F.S. Or, if this docum the limited liability com	comply with the r with and accept tent is being filed pany has been
Sig	natui	e of Registered Agent Corporation Service	e Company	BY: S	/Ivia Ouen	pet, Asst. Vice Presid	ent

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