1007000004619

(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



400304094744

NOV 0 1 2017 Y SULKER 57:81.181.18:49

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 891956 4384197

AUTHORIZATION : Speels Sc

COST LIMIT : (\$\frac{1}{2}5'.00

ORDER DATE : October 31, 2017

ORDER TIME : 3:36 PM

ORDER NO. : 891956-025

CUSTOMER NO: 4384197

CHANGE OF AGENT

NAME: REIMS PINECREST 124, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

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: _REIMS PINEC	REST 12	4, LLC			<u> </u>
2 (a)	C/O Rimmon Management LLC	(b) C/O Rimmon Management LLC				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	425 W 41st Street		PO Box 6481			
	Miami Beach, FL 33140	_	Surfside,	FL 33154	<u> </u>	
	08/01/2007	_	М070000			
3.	Date of filing/registration in Florida	4.		Document numbe	r	
5. (a)	CF Registered Agent, Inc.					
(b)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	c;		
	100 S. Ashley Drive					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u></u>	- -		
	Polite 400					İ
	Suite 400	· -		-		1
	Tampa , FI	33602	<u> </u>			net 1
	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street	l Office ad	dress;	_		RCT 31 AH B:
	NEW Registered Office Address:			_	·	8: 4.9
	Tallahassee, FI	32301		_		
the cha agent v was/we	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the reginability control of the limited	stered office ompany, it in nited liabilith liability cor	e and the business is hereby confirmed by company or as o	office of d that the therwise	the registered change(s) provided in
Signa	ture of a member or authorized representative of a member		mon mana	Printed or typed name		
I here provisi the obl to mer	by accept the appointment as registered agent and age lions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac e perform ed for in (hereby c	t in this cap ance of my Chapter 60. onfirm that	pacity. I further ag duties, and I am f 5, F.S. Or, if this a the limited liabilit	ree to co amiliar w locument y compar	mply with the ith and accep is being filed iy has been
7	la ano chienes		_	xanne Turner		
Signatu	ere of Registered Agent Corporation Service Company	BY:	Asst.	Vice President		
	P' ' ' C P O	D (124	7 - T-11. L.	enna El 32314		l l

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