M0800000 2177

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP] WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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05/05/17--01020--002 **25.00

17 MAY -5 PH 5: 14
SECRETARY OF STATE

8 Warren

MAY - 8 2017



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 3, 2017

Order#: 615653-014

Re: PARKSIDE VENTURES II, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Tecora Bell

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	ame of the limited liability company: PARKSIDE VEN	ITURES	II, LLC	
2. (a)	3635 Peachtree Industrial Blvd Suite 600 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b))	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DULUTH, GA 30096-2810	_		
	05/05/2008		M08000	
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT CORPORATION SYSTEM			_
	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Sta	
	1200 SOUTH PINE ISLAND RD.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
				聖子工 劉
-	PLANTATION , FL	33324		SSEE.
(h)	Corporation Service Company			SI &
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	- 골듰 :
				>
	1201 Hays Street			•
	NEW Registered Office Address:			_
				_
	Tallabaeroo	22204		
	Tallahassee , FL	32301		_
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabilities and the rized by an affirmative vote of the members of cless of organization or the operating agreement of the liability.	the regist bility con the limi imited li	tered officempany, it is ted liability ability con	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		· · · · · · ·	Printed or typed name of signee
	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had I in writing of this change.			
aignaiui	re of Registered Agent Corporation Service Company	BY: Gr	ace E. Kı	rby, Asst. Vice President

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