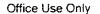
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(Requestor's Name)						
(Address)						
(Address)						
(City	/State/Zip/Phone					
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						





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SECRETARY OF STATE

23.10.18

COVER LETTER

TO:	Registration Section Division of Corporations					
CHANNELSIDE PLACE HOLDINGS LLC SUBJECT:						
Name of Limited Liability Company						
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Jame	es A. Stowers, Esq.					
	Name of Person		<u> </u>			
Geos	sam Capital US (Venetian Bay) LP	ı				
	Firm/Company	-				
424 L	Luna Bella Lane, Suite 122					
	Address	-	<u> </u>			
New	Smyrna Beach, FL 32168					
	City/State and Zip Code		_			
young	gt@armcocap.com					
E	-mail address: (to be used for future ann	ual report noti	fication)			
For fur	rther information concerning this matter,	please call:				
Trina	Young	902	423-4000			
	Name of Person	(Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHS18	8 (2/14)					

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: CHANNELSID	E PL	AC	E HOLD	DINGS LLC
2. (a)	912 CHANNELSIDE DR	O.	b)	912 CH	ANNELSIDE DR
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	λ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33602		-	TAMPA,	FL 33602
	11/04/2008		M	1080000	04872
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of the	ie Florid	la E	lept. of State	:
•	1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRES.</u>	<u>S)</u>		
	, ri	32301			2018 AUG -6 SECRETAR TALLAHA
(b)	James A. Stowers, Esq.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ac	<u>ddr</u>	ess:	TARY OF SAHASSEE
	424 Luna Bella Lane, Suite 122				PHIZ: 09 SSEE, FL
	NEW Registered Office Address:		_		T 18
	New Smyrna Beach, FL	32168	}		
the cha agent v was/we the arti- Signa I here, provisi the obli- to merci	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere are member or authorized representative of a member by accept the appointment as registered agent and agree in so of all statutes relative to the proper and complete prints of my position as registered agent as provided by reflect a change in the registered office address. I have the first writing of this change.	the regineral the line in the	iste on nit lia	ered office apany, it is ed liability com Marthis cand	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Phermodelia Phermode

Signature of Registered Agent