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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Phone : (850)876-5368 Fax Number

\*\*Enter the email address for this business entity to be used for fature only annual report mailings. Enter only and annual report mailings.

| Transi 1 | Address: |  |  |
|----------|----------|--|--|
|          | AMH-000. |  |  |

## LLC REGISTERED AGENT CHANGE SKYLER MAITLAND LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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J. HARRIS

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Help individual 416

6/18/2015 10:22:49 AM From: To: 8506176383( 2/2 )

## 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.

| i. Na  | ame of the limited liability company: SKYLER MA  | ITLAND                                       |                                 |  |  |
|--|--|--|---------------------------------|--|--|
| 2. (a)   | 200 International Circle #3500, Hunt Valley, MD 21030  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |  | (b) 200                         | 200 International Circle #3500, Hunt Valley, MD 21030  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)                             |  |
| 3.   | 3/26/2009  Date of filing/registration in Florida  | 4.   | M090                            | 00001201  Document number  |  |
| 5. (a)   | CORPORATION SERVICE COMPANY  Registered Agent and Registered Office shown on the records  1201 HAYS STREET  Registered Office Address (MUST BE FLORIDA STREET)   |  |                                 |  |  |
|  | TALLAHASSEE  C T Corporation System  | JUN 16 A                                     |                                 |  |  |
| (b)  | Enter name of NEW Registered Agent and/or NEW Register   | AM 8: 42  OF STATE ITLORIDA                  |                                 |  |  |
|  | NEW Registered Office Address: 1200 South Pine Island Road   |  |                                 |  |  |
|  | Plantation   | FL_33324                                     | 1                               |  |  |
| the ch<br>agent<br>was/w<br>the art              | limited liability company is not organized under the ange 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 membericles of organization or the operating agreement of   | s of the red liability are of the the limite | gistered<br>compar<br>limited l | office and the business office of the registered<br>by, it is hereby confirmed that the change(s)<br>iability company or as otherwise provided in<br>ty company. |  |
| I here provis the obto met notifies  By:  Signat | enture of a member of authorized representative of a member by acceptive appointment as registered agent and stions of all statutes relative to the proper and complete to the proper a |  | 327• Ta                         |  |  |

INHS18 (2/14)