E8EE00000177

(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/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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03/20/15--01025--006 **25.00

15 MAR 20 AN II: 18

R/o cranz



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ben Beaver ben.beaver@cscglobal.com

Date: March 17, 2015

Order#: 536870-025

Re: 7470 HIGHWAY 530 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: Ben Beaver

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.

OUCA.XCOA

15 MAR 20 AN II: I

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: 7470 HIGHWA	Y 530 LL	.c	
2.	(a)	7470 HWY 192 West	(t)	A 21 11
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		J	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Kissimmee, FL 34747			
		07/30/2010		M100000	03382
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Medina, Joel R			_
		Registered Agent and Registered Office shown on the records of	f the Florida	a Dept. of Stat	e:
		7470 HWY 192 West			
		Registered Office Address (MUST BE FLORIDA STREET	•		
					700
		Kissimmee , F	L <u>34747</u>	7	SECNEL AND
	(b)	Corporation Service Company			20 mm
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	<u>dress</u> :	AM T
		1201 Hays Street			
		NEW Registered Office Address:			- -
		Tollahassas	20204		-
		Tallahassee , F	L <u>32301</u>		-
the ag	e cha ent v as/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la tree authorized by an affirmative vote of the members cles of organization or the operating agreement of the /s/ Raul Zepeda	of the regineration in the limited i	stered office ompany, it in hited liability liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
_	Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
pr the to no	ovisi e obl mere tified	by accept the appointment as registered agent and agens on all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	e perform ed for in (hereby c	ance of mŷ Chapter 603 onfirm that	duties, ànd I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been
Si	gnatu	re of Registered Agent Cornoration Service Company	BY: S	vlvia Oper	opet. Assistant Vice President

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