7/11/2019



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone

Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:____

LLC REGISTERED AGENT CHANGE ELCO LANDMARK ACQUISITIONS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$55.00 |

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Corporate Filing Menu

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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.

| 2. (a) | | (b) | | |
|--------------------------------------|---|---|---|----------------------------|
| (u) | Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) | пу: | Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) | |
| | No change | Nou | hange | |
| | | | | |
| | 04/26/2011 | M110 | (XXXV2208() | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | Eleo Landmark Residential Management LLC | | | |
| (2) | Registered Agent and Registered Office shown on the rece | ords of the Florida Dept. | of State: | |
| | 825 Parkway Suite 4 | | | |
| | Registered Office Address (MUST BE FLORIDA ST | REET ADDRESS) | | |
| | | | S 🕿 | |
| | Jupiter | El 33447 | \$ 5. | ٠. |
| (b) | C T Corporation System | | SECRETARY OF STALLAHASSEE, | |
| (0) | Enter name of NEW Registered Agent and/or NEW Reg | eisteren tiffice undress: | | ï |
| | 1200 South Pine Island Road | | CFS | |
| | NEW Registered Office Address: | | TA | • - |
| | Suite 250 | | · | יי |
| | Plantation | , FL_33324 | | |
| the chi agent : was/w | limited liability company is not organized under ange or changes are made, the Florida street addiwill be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the menticles of organization or the operating agreement | the laws of the State ress of the registered ited liability comparates of the limited liability of the limited liability | l office and the business office of the regist ny, it is hereby confirmed that the change(s lability company or as otherwise provided ty company. | ered |
| Sign | sture of a masses or authorized representative of a member | | Printed or typed name of signee | |
| I here provis the ob to mer | rby acceptihe appointment as registered agent a tions of all statutes relative to the proper and co- iligations of my position as registered agent as p rely reflect a change in the registered office addi- ted in writing of this change. | nd agree to act in the mplete performance provided for in Chapt ress, I hereby confin | is capacity. I further agree to comply with of my duties, and I am familiar with and ac ier 605, F.S. Or, if this document is being f n that the limited liability company has bec | the cept. îled in |
| | ed in writing of this change. CT Corporation System | 1 | Alfred Younar | 7 |
| By: Signati | ure of Registered Agent | | Assistant Secret | |
| | . 0 | | illahassee, FL 32314 | y |

FILING FEE: \$25.00

INHS18 (2/14)