## M12000003287

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HARRIS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 5, 2017

Order#: 584915-015

Re: SUWANNEE RIVER PALMS II, 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: Ami Casper 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	me of the limited liability company: St	JWANNEE RI\	VER PAI	MS II, LL	.c	<del></del>		
2.	(a)	1300 Meadowbrook Road, Suite 202  Principal office address of limited liabilit  (Note: MUST BE STREET ADD)	• •	Mail		Mailing address of limited lia	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Jacksonville, MS 39211		_					
		06/11/2012			M12000	003287	·····		
3.		Date of filing/registration in Flo	orida	4.		Document number			
5.	(a)	C T Corporation System							
(	(,	Registered Agent and Registered Office shown of	n the records of th	ne Florida	Dept. of Sta	nte:			
		1200 South Pine Island Road							
		Registered Office Address (MUST BE FLOR	IDA STREET A	DDRESS)		<del></del>			
		Plantation	, FL_	33324		<del></del>	17	برره دره	
(	(b)	Corporation Service Company					APR.	The state of the s	
		Enter name of NEW Registered Agent and/or N	EW Registered (	Office add	ress:		-7		
		1201 Hays Street					PH 3		
		NEW Registered Office Address:					5. 12	ATIES S	
			·						
		Tallahassee	, FL_	32301		•••			
the age was the S I h protection in the to in not	cha ent we s/we arti- ignation inerel ified	imited liability company is not organized inge or changes are made, the Florida strevill be identical. Or, in the case of a Florice authorized by an affirmative vote of the cles of organization or the operating agreement of a number or authorized representative of a by accept the appointment as registered to the proper of all statutes relative to the proper cly reflect a change in the registered official in writing of this change.	eet address of trida limited lial he members of the lement of the lement of the lement and agreand complete in as provided ce address, I he	the regis bility co the limited li imited li ee to act performa for in C ereby co	tered officempany, it ited liability control in this capace of my hapter 60 mfirm that	ce and the business officis hereby confirmed that ity company or as otherworm.  Printed or typed name of signacity. I further agree to duties, and I am familia of F.S. Or, if this document the limited liability continuation.	e of the it the chaivise prove of the comply ar with a ment is being any had	registered ngc(s) vided in	
Sig	natu	re of Registered Agent Corporation Service	Company	BY: A	mi M. Ca	sper, Asst. Vice Presid	lent		