Division of

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 : FCA000000023 (850)222-1092 Phone

Fax Number : (850)878-5366

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

Email Address:

LLC REGISTERED AGENT CHANGE EXCEL PAVILION CROSSING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCEL PAVILION CROSSING LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Sattley

Name of Person

EXCEL PAVILION CROSSING LLC

Pinn/Company

17140 Bernardo Center Drive, Suite 300

Address

San Diego, CA 92128

City/State and Zip Cods

is@exceltrust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Sattley

...858 \ 613-810⁽

Name of Person

Area Code & Daytime Telephone Number

STREET/COURTER 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-

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PAGE 02/03

CT CORPORATION

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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 608.416 or 608.508, 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. Name of the limited liability company: EXCEL PAVILION CROS	Same LLC	<u></u>	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	17140 Bernarde Center Drive, Suite 300 San Diego, CA \$2128		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	17140 Bernardo Canter Drive, Suite 300 San Diego, CA 92128		
09/25/2012	M12000065961		
3. Date of filing/registration in Florida 4	. Document number		
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept.	of State;	
Registered Agent:	CORPORATION SERVICE COMPANY		
Registered Office Address:	1201 HAYS STREET TALLAMASSEE R. 32301-2526 US		
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:	TAL SE	
NEW Registered Agent:	C T Corporation System	50 Z	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	HASSA 16 16 16 16 16 16 16 16 16 16 16 16 16	=
	Plantation	FT 03824	T
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	rida street address of the registed. Or, in the case of a Florida vas/were authorized by an affir	tered office.	
Office Tanadalia Signature of a member			
Melasa Zanoletti, Member Printed or typed game of signer			
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my bost Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company i	ree to act in this capacity. I fu er and complete performance ion as registered agent as pro iy reflect a change in the regis has been notified in writing of	rther agree to of hiy duties, rvided for in stered office this change.	
Signature of Registered Agent Nicole Chouinard, Assista		-	
Division of Corporations, P.O. Box 632	, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)

6