Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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 Floridu.

l. Na	me of the limited liability company: ELCO LANDMA	RK AT AU	TUMN VISTA	MANAGEMENT,	LILC	
2. (a)	<u> </u>	(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ishifity com OFFICE BC			
	No change	No change				
	01/28/2013	13080000566	10566			
3.	Date of filing/registration in Florida	4.	Doci	ument number		
s (a)	Joseph G Lubeck					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	pt, of State:			
	11911 US Highway 1, Suite 204		<u>c</u>	2 ~		
	Registered Office Address (MUST BE FLORIDA STREET)		TALL	F 618	44	
	North Palm Beach , FL	33408		PALLAHASSEE, FL	2019 JUL 12	Param.
(p)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered		 -	SEE	PH 3: 4(TT)
	Enter name of NEW Registered Agent and/or NEW Registered	<u>151</u> .	- S	ယ္		
	1200 South Pine Island Road		T. ATE	01		
	NEW Registered Office Address:					
	Suite 250					
	Plantation FI	33324				
the chi agent was/w the art	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited liera authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the Si f the registe ability com of the limit	tate of Florida red office and pany, it is here ed liability cor bility company	the business offi cby confirmed th mpany or as other	ice of the : at the cha	registere: nge(s)
Signa	ture of a memberal authorized representative of a member			ted or typed name of	signee	
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all subtules relative to the proper and complete ligation for my position as registered agent as provide elv reflect a change in the registered office address, I d'In writing of this change. CT Coporaion Sysum	ren to act in a performan od for in Ch hereby con	o this capacity are of my dutie apter 605, F.S firm that the li	I further agree is, and I am famil is. Or, if this doci imited liability co Alfred You	to comply 'tar with a iment is b impany hi unan	with the nd accepting files is been
By: Signati	are of Registered Agent			stant Se		ary

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

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