M1386661388

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



800307823228

01/22/18--01001--027 **25.00





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: SAND PROPER	TY MAN	AGEMEN?	T, LLC
2.	(a)	366 S. 10th Avenue	_ (b))	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Waite Park, MN 56387	- -		
		03/04/2013	. <u>-</u>	M130000	01388
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Tyrone Suites, L.L.C.			_
	. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		3831 Tyrone Boulevard, #104			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					-
		St. Petersburg , FL	33709		- -
	(b)	Corporation Service Company			
		Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	10 0
		1201 Hays Street			TILED A
		NEW Registered Office Address:			
					•
		Tallahassee FL_	32301		-
the ag wa	ent w is/wg	mited liability company is not organized under the law nge or changes are made, the Florida street address of t fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co Tthe limi	tered office mpany, it is ted liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
Jill Cilmi, Authorized Person					
I i pro the to no	heret ovisie obli mere tified	the of a member or authorized representative of a member was accept the appointment as registered agent and agree on all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have a constant of this change.	performa I for in C ereby co	nce of my c hapter 605 nfirm that	duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been
.21	P.141.111	e of Registered Agent Corporation Service Company	DI. AI	iii ivi. Cas	per, Asst. Vice President