## M13000004897

(Re	equestor's Name)						
(Ad	idress)						
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(Cit	ty/State/Zip/Phon	e #)					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 19, 2018

Order#: 122368-021

Re: 4300 ATOLL COURT LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Mary Rivers c/o Corporation Service Company 251 Little Falls Drive 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: 4	300 ATOLL CO	URT LL	<u> </u>			
2. (	a)			(b)	ı			
(	,	Principal office address of limited liabil (Note: MUST BE STREET ADD	ity company:	_ (0)	1	Mailing address of limited (Note: MAY BE POST	d liability comp	any:
		5118 N 56TH STREET		<u> </u>	P.O. BOX 311029			
		TAMPA, FL	33610		TAMPA,	FL 33680		
		08/05/2013		. <u>-</u>	M13000	0004897		
3.		Date of filing/registration in F	lorida	4.		Document number		
5. (	(a)	Registered Agent and Registered Office shown				-		
		Registered Agent and Registered Office shown	on the records of th	ne Florida	Dept. of State	<b>:</b> :		
		MCINTYRE, RICHARD J, ESQ.	, = 121 121					
		Registered Office Address (MUST BE FLO	RIDA STREET A.	DDRESS)				
		501 EAST KENNEDY BOULEVARD	SUITE 1900			-		
		TAMPA	, FL_	33602				.:
							<b></b>	<b>S</b>
(	b)					-	3K	SCO
		Enter name of <u>NEW Registered Agent</u> and/or j	NEW Registered (	Office add	ress:		8 MAR 21	NET TO
		4004 Maria Charach						S CO
		1201 Hays Street NEW Registered Office Address:			•		3	중무미
							PM 12: 1 #	RAT
						-	.=	<b>3</b> 5
		Tallahassee	. FL	32301				
			, ·			•		
the dager was/	ha it w we	mited liability company is not organized inge or changes are made, the Florida straight straight in the case of a Florida by an affirmative vote of the operating agricles of organization or the operating agricles.	reet address of to brida limited lial the members of	the regist bility con the limi	ered office npany, it is ted liability	e and the business of s hereby confirmed the y company or as other	fice of the re hat the chan	egistered ge(s)
		LBERTO DE ALEJO		Albei	to De Aleid	o, Authorized Person	1	
Sig	nat	ure of a member or authorized representative of	a member			Printed or typed name o	of signee	
prov the c to m	risio bli ere	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered agily reflect a change in the registered off in writing of this change.	agent and agre and complete p ent as provided ice address, I h	e to act performa for in C ereby co.	in this cape nce of my c hapter 605 nfirm that	acity. I further agree duties, and I am fami , F.S. Or, if this doc the limited liability c	e to comply viliar with an cument is bei company has	with the d accept ng filed been
Sign	atui	e of Registered Agent Corporation Service	e Company	BY: Gr	ace E. Kir	by, Asst. Vice Pres	sident	

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