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DATE:

4/18/14

NAME:

CONCERT LEGACY ALAQUA, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: Concert Legacy Alan	qua, LLC		
2. (a) Principal office address of limited liability company	/- 1918 8th Avenue, 34th Floor		
(Note: MUST BE STREET ADDRESS)	Seattle, WA 98101	-	200
		70	<u> </u>
(b) Mailing address of limited liability company:	1918 8th Avenue, 34th Floor	≠ર્ડે	(1) (1) (2) (2) (3)
(Note: MAY BE POST OFFICE BOX)	Sealle, WA 98101	 	<u> </u>
		7	<u> </u>
09/20/2013	M13000006004	.; ₁	S
3. Date of filing/registration in Florida	4. Document number	£.	RIDA
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept.	of State:	-
Registered Agent:	Capitol Corporate Services, Inc.		
Registered Office Address:	155 Office Plaza Drive, Suite A		
5	Tallahassee, FL 32301		
NEW Registered Agent: NEW Registered Office Address: (MUST RE EL OPIDA STREET ADDRESS)	National Corporate Researc		:.
(MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dri Tailahassee		301
If the limited liability company is not organized under the leanned that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agraement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the regis cal. Or, in the case of a Florida was/were authorized by an affi	tered offi i limited rmative v	vote of
By: FCGOIF & P. LLC, it's MUNAger, By: Peter Hanula, wanaging Member Printed or typed name of signee	-		
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proud and I am familiar with and accept the obligations of my post Chapter 605, F.S. Or. of this document is being filed to men address, I hereby confirm that the limited liability company. Signature of Registered Agent	per and complete performance tition as registered agent as pro ely reflect a change in the regi has been notified in writing of	rther agr of my du ovided foi stered off this chär	ee to ties, r in ice ige.
Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314		

FILING FEE: \$25.00

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