Division of Corporation Judy L. Welch 8132270486

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(((H18000274074 3)))



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LLC REGISTERED AGENT CHANGE CITREE HOLDINGS 1, LLC

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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 Florida.

). Nai	me of the limited liability company: Citree Holding	gs 1, LLC	
	10070 Daniels Interstate Court	(b) 10070 Daniels Interstate Court	
z. (a) <u>.</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 100	Suite 100	
	Ft. Myers, FL 33913	Ft. Myers, FL 33913	
	02/10/2014	M1400000	00928
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Timothy M. Hughes, Esq.		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:	·
	101 E. Kennedy Boulevard		SE
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Suite 2800		
	TampaFI	33602	SEP 19 M 8 SEP 19 M 8 FILLE U
(a)	Timothy M. Hughes, Esq.	•	MINSEP 19 M. 8: 19 SECRETARY OF STATE SECRETARY OF STATE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	79 19
	101 E. Kennedy Boulevard		,
	NEW Registered Office Address:		
	Suite 2700	<u>-</u>	
	Tampa, F	L_33602	
the chi agent v was/w the art	imited liability company is not organized under the latenge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	if the registered office iability company, it is of the limited liability	s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signs	style of a member or unthorized representative of a member		Printed or typed name of signee
I here provis the obto mer notifie	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing office change.	gree to act in this cape e performance of my e ed for in Chapter 605 hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept y.F.S. Or, if this document is being filed the limited liability company has been
Signati	ure of Registered Agent		

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