· ~ .					
	0003696				
(Requestor's Name) (Address)	900268723269				
(Address) (City/State/Zip/Phone #)	01/29/1501025013 **25.00				
(Business Entity Name) (Document Number)	DIVISIO <b>15 J</b>				
Certified Copies Certificates of Status	JAN 29 PH 2: 09				

Office Use Only

C.L. 30/15



CSC - WILMINGTON , Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby gkirby3@cscinfo.com

Date: January 27, 2015

Order#: 465699-301

Re: ROC II FAIRLEAD GRAN PARK AT AVENUES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$25

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXPlease return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 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

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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.

1.	Name of the limited liability company:	ROC II FAIRLEAD GRAN PARK AT AVENUES, LLC

2. (a)	5295 S. Commerce Drive, Suite 100			(b)	) 5295 S Commerce Drive, Suite 100				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			( )	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Murray	UT	84107		Murray		UT		107
	05/29/2014			_	M140000	03696			
3.	Date of filing	y/registration in	n Florida	4.		Document number			
5. (a)	C T Corporation S	ystem							
c, (u)	Registered Agent and Reg		wn on the records of	the Florida	Dept. of Stat	_ le:			
	1200 South Pine Ist	and Road							
	Registered Office Address	MUST BE F	LORIDA STREET	ADDRESS)		_			0
								ñ	NV SE
	Plantation			22004		_	C A	JAN	CRE
			, FL	, <u>33324</u>	·	-	1	624	OFAR
(b)	Corporation Service	Company							
(-)	Enter name of NEW Regi		or NEW Registered	Office add	ress:	-	•	PH 2	
								2: 09	E
	1201 Hays Street					_		9	
	NEW Registered Office A	ddress:							
			<u> </u>			<u>-</u>			
	Tallahassee	<u> </u>	, FL	<u>, 32301</u>		_			
If the li	imited liability compar	ny is not organi	zed under the lay	ws of the S	State of Fl	orida, it is hereby con	firmed	that	after
the cha agent y	nge or changes are ma vill be identical. Or, ir	de, the Florida the case of a l	street address of Florida limited liz	the regist	ered office	e and the business off s hereby confirmed th	ice of the c	he re	gistered
was/we	ere authorized by an af	firmative vote	of the members o	of the limit	ted liabilit	y company or as other	rwise p	rovi	ded in
the arti	cles of organization or	the operating	agreement of the	limited li	ability con	npany.			
Signat	ture of a member or authoriz	zed representative	of a member	Dona	Priebe, A	uthorized Person Printed or typed name of	f signee		
	by accept the appointm	•		ee to act	n this can		-	nhu	with the
provisi the obl to mere	ons of all statutes relations of all statutes relations of my position ly reflect a change in in writing of this char	tive to the prop as registered the registered	er and complete	performa.	nce of mv.	duties, and I am famil	liar witi	h àn	d accent
	Drace Col	KNOL							

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assist. VP

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