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12/22/2017

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Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations			
	Fax Number : (850)617-6383			
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From:	Account Name : C T CORPORATION SYSTEM			
	Account Number : FCA00000023			
	Phone : (512)418-6949 *** Fax Number : (954)208-0845 **			
**Enter	the email address for this business entity	to be used a	for future	
ani	nual report mailings. Enter only one email	address piea	se.**	
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N TE R	ROC H FAIRLEAD GRAN PARK AT A	VENUES, I	LC	
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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: ROCHFAIRLEADGRANPARKATAVENUES, LLC

1 ja 1

2. (a)		())			
un (m)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MatYBE POST OFFICE BOX)			
	1800 Parkway Place, Suite 235		1800 Parkw	ay Place, Suite 23		
	Marieua,GA30067	A30067				
	05/29/2014	T M14000003696				
3.	Date of filing/registration in Florida	4.	i	Document nur	ıber	
5. (a)	CORPORATIONSERVICECOMPANY					
J. (1)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address <u>(MUST BE FLORIDA S</u> 120111AYSSTREET			Fil DEC 22		
	TALLAHASSEE	FL	525			
						AH 11: 5
(b)	Enter name of NEW Registered Agent and/or NEW Rs	egistered Office ad	dress			5,
	CTCorporationSystem					
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	••			
	1200SouthPinelslandRoad					
			-			
	Plantation	, FL,				
the cha agent v was/wo	imited liability company is not organized under inge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida lir ere authorized by an affirmative vote of the me icles of organization or the operating agreemen	dress of the reg mited liability c mbers of the lir	stered office ompany, it is nited liability	and the busine hereby confirm company or a	ess office med that t	of the registered he change(s)
	Augure Parts	Ste	phanieBochm			
				Printed or typed i	-	
CTC	$\Delta = \Delta =$	and agree to ac implete perforn provided for in fress, I hereby c M. Halpin nt Secretary	t in this capa aance of my a Chapter 605, onfirm that t	wity, 1 further luties, and I an , F.S. Or, if thi he limited liab	agree to 6 1 Jamiliar 15 docume 11 ity comp	comply with the with and accept ont is being filed any has been
	V Division of Corporations	• P.O. Box 632 JNG FEE: \$25		see, FL 32314		

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By