## M14000005

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2017-12-22 10:22.28 CST

19542080845 From: Ranae McGraw

12/22/2017

Division of Corporations

## Florida Department of State

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## LLC REGISTERED AGENT CHANGE ROC II FLAUVERS VILLAGE, 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.

. Name o	of the limited liability company: ROCHFLAUV	ERSVII.	LAGELL	C
				Mailing address of limited liability company:
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		-	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
52	95SCOMMERCEDR.,SUITE100		5295SC	COMMERCEDR., SUITE 100
MI	URRAY,UT84107		MURRA	AY,UT84107
08л	11/2014		M140000	005499
	Date of filing/registration in Florida	4.		Document number
(a) CO	RPORATIONSERVICECOMPANY			
Regi	istered Agent and Registered Office shown on the records o	t the Florid	da Dept. of S	State:
Reg	gistered Office Address <u>QUUST BE FLORIDA STREET</u>	'ADDRES	(2)	. 4: 4
12	OHAYSSTREET			
	LLAHASSEE, FL_32301-2525		FILED BC 22 W	
	, r	L		ILE C 22
(b)				
Ente	er name of NEW Registered Agent and/or NEW Registers	ed Office a	iddress:	199 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
, v. 1	V/			<b>電影</b>
	FCorporationSystem			<del></del>
	W Registered Office Address:			
12	900SouthPineIslandRoad			<del></del>
l'1: 	antation, F	7L33324		
ie change gent will l 'as/were a ie articles	ed liability company is not organized under the lear changes are made, the Florida street address be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the operation of	of the reg liability ( s of the li he limited	gistered of company, imited liab d Hability (	it is hereby confirmed that the change(s) oility company or as otherwise provided in company.
	of a member or authorized representative of a member		<del>-</del>	Printed or typed name of signee
	· · · · · · · · · · · · · · · · · · ·	gree to a le perfor ded for it I hereby	ict in this c mance of r i Chapter confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
ющіва т	reflect a change in the registered office address, writing of this change.  James M. H  orationSystem  Assistant Sect	iaipin	J	, , ,

FILING FEE: \$25.00