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(Requestor's Name)									
(Address)									
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(City/State/Zip/Phone #)									
(City/State/Zip/Pfloffe #)									
PICK-UP	☐ WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies	_ Certificate:	s of Status							
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscqlobal.com

Date: April 13, 2018

Order#: 160869-003

Re: LAKE WILSON APARTMENTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX____ Issue Proof of Filing.

 $XX \subseteq Please return evidence to the following:$

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive 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

. 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.	Na	me of the limited liability company: LAKE WI	LSON A	PARTM	ENTS, LLO	<u> </u>	
2	(a)	265 NORTH JOY ST., STE. 200		(b)	265 NO	ORTH JOY ST., S	STE. 200
Ψ.	(a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any:	_ (0)		lailing address of li	imited liability company: POST OFFICE BOX)
		CORONA, CA 92879			CORONA	A, CA 92879	
		12/09/2014			M140000	08734	
3.		Date of filing/registration in Florida	 -	4.		Document num	ber
5.	(a)	C T CORPORATION SYSTEM					
		Registered Agent and Registered Office shown on the rec	ords of th	ie Florida Γ	Pept. of State	::	
		1200 SOUTH PINE ISLAND ROAD					
		Registered Office Address (MUST BE FLORIDA ST	REET A	DDRESS)			
		PLANTATION	, FL_	33324			
	(b)	Corporation Service Company					÷ .
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered (Office addr	ess:		APR 17
		NEW Registered Office Address:					67 M Ka
		Tallahassee	, FL	32301			·
the ag	ent w ent we s/we arti	mited liability company is not organized under nge or changes are made, the Florida street addrill be identical. Or, in the case of a Florida lim re authorized by an affirmative vote of the menticles of organization or the operating agreement	the laws ress of t nited liab nbers of	s of the S he registe pility con the limit imited lia	ered office apany, it is ed liability ability com	e and the busines is hereby confirm y company or as apany.	ss office of the registered ned that the change(s)
_		Thomas A. Day ure of a member or authorized representative of a member		Inom	as A. Day	, Manager Printed or typed no	ame of signee
I i pri the to no	herel ovisi obli mere tified	by accept the appointment as registered agent a cons of all statutes relative to the proper and consignations of my position as registered agent as pair of the registered office addrive times of this change. The of Registered Agent Corporation Service Compared to the registered of the compared to the registered of the compared to the registered of the	ind agre mplete p rovided ress, I he	performan for in Ch ereby con	nce of my a napter 605 nfirm that i	ucity. I further a	agree to comply with the familiar with and accept i document is being filed lity company has been