M15000002916

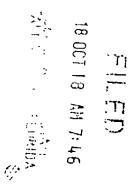
| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| _ | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | * |
|--|---|---|
| SHR | VINTAGE PLANTATION, LL | .C |
| .501 | | e of Limited Liability Company |
| Dear | Sir or Madam: | |
| The e | enclosed Registered Agent/Registered Offi | ce Change and fee(s) are submitted for filing. |
| Pleas | e return all correspondence concerning thi | s matter to the following: |
| AS⊦ | ILEE VEGA | |
| | Name of Person | |
| BEA | CHWOLD RESIDENTIAL, LLC | |
| | Firm/Company | |
| 192 | LEXINGTON AVENUE, SUITE 901 | l |
| | Address | |
| NEV | V YORK, NY 10016 | |
| | City/State and Zip Code | |
| | GA@BEACHWOLD.COM | |
| | E-mail address: (to be used for future ann | ual report notification) |
| For fi | urther information concerning this matter, | please call: |
| ASH | ILEE VEGA | 646 354-2114 |
| | Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| | Enclosed is a check for the following | amount: |
| | ☑ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| INHS | 18 (2/14) | |



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 | ame of the limited liability company: VINTAGE P | LANTAT | ION, LLC | | |
|--|---|--|---|---|--|
| 2. (a) | | |) | | |
| . , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 192 LEXINGTON AVENUE, SUITE 901 | | |
| | 192 LEXINGTON AVENUE, SUITE 901 | | | | |
| | NEW YORK, NY 10016 | | NEW YORK, NY 10016 | | |
| | 04/20/2015 | | M15000 | 002916 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | The Kammerman Law Group, P.A. | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | f the Florida | Dept, of Stat | te: | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 123 NW 13th Street, Suite 312 | | | - 18 0CT | |
| | PLANTATION | 33432 | | | |
| (b) | South Oxford Management LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | - ME 7: 46 | |
| | NEW Registered Office Address: | | | _ | |
| | 3701 Danforth Drive #804 | | | _ | |
| | Jacksonville F | L_32224 | | _ | |
| the cha agent v was/w- the art Signa I here provis- the ob- to mer | imited liability company is not organized under the lange or changes are made, the Florida street address of will 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 understanding accept the appointment as registered agent and aging the appointment as registered agent and aging a statutes relative to the proper and completely reflective change in the registered office address, and in writing of this change. | of the registiability economics of the limited limited limited limited limited limited limited for action of the perform led for in Communication of the limited limit | stered officompany, it is ited liability con leon Z. France of my Chapter 60, | te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. riedman Printed or typed name of signce pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed | |

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