M15000009089

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Business Entity Name)						
(Document Number)						
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CORPORATION SERVICE COMPANY"

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

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

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From: Grace Kirby grace.kirby@cscglobal.com

Date: June 27, 2016

Order#: 182141-047

Re: 920 VALLEY LN, LLC

Enclosed please find:

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

Please take the following action:

<u>XX</u> File in your office on a routine basis.
 <u>XX</u> Issue Proof of Filing.
 <u>XX</u> Please 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.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

I. Na	me of the limited liability company: <u>920 VALLEY L</u>	N, LLC	
2. (a)	19200 Von Karman Avenue, Suite 945	(b))
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	()	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Irvine, CA 92612	_	
	11/12/2015		M1500009089
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Incorporating Services, Ltd., Inc.		
0. (u)	Registered Agent and Registered Office shown on the records o	f the Florida I	Dept. of State:
	1540 Glenway Drive		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	 _
	Tallahassee, F	L <u>32301</u>	
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	a Onice add	<u>ress</u> :
	1201 Hays Street		~~
	NEW Registered Office Address:		
	Tallahassee	L 32301	
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If the li	imited liability company is not organized under the la nge or changes are made, the Florida street address o	the second the s	State of Florida, it is hereby confirmed that after the resistance of the resistance
agent v	vill be identical. Or, in the case of a Florida limited I	iability cor	mpany, it is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the limi	ited liability company or as otherwise provided in
	Construction of the operating agreement of the		
Signat	are of a member or authorized representative of a member	Dona	a Priebe, Authorized Person Printed or typed name of signee
-	•	rree to act	
provisi the obli to mere notified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ly reflect a change in the registered office address, 1 I in writing of this change.	e performa ed for in Ci hereby col	ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Ľ	Irace C. Kuble		

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
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	·		
	Tallahassee, Fi	L <u>32301</u>	
			$\overline{\Sigma}_{\mathbb{R}}$
b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	
			29 ASSE
	1201 Hays Street		
	<u>NEW</u> Registered Office Address:		
	· · · · · · · · · · · · · · · · · · ·		2: U
			S. O
	Tallahassee, Fi	L 32301	
		<u> </u>	
ha tv we	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regist iability con of the limit	ered office and the business office of the regis npany, it is hereby confirmed that the change(s ted liability company or as otherwise provided
	726 2-	Dona	Priebe, Authorized Person
	are of a member or authorized representative of a member		Printed or typed name of signee

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

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Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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