Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporation Fax Number : (850)6 From: Account Name : REGIST	
Fax Number : (850)6	
From:	
Account Name : REGIST	
	ERED AGENT SOLUTIONS INC
Account Number : I20100	
Phone : (888)7	35 - 7274
Fax Number : (888)7	96-7274
	s business entity to be used for future only one email address please.**

LLC REGISTERED AGENT CHANGE REDWOOD CLAIRMONT ON THE GREEN, LLC

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: REDWOOD CLAIRMONT ON THE GREEN, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

15129570210

Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
notices@rasi.com	
E-mail address: (to be used for future an	unual report notification)
	•
E-mail address: (to be used for future an For further information concerning this matter AMY GAINES	r, please call: 888 705-7274
For further information concerning this matter	r, please call: 888
For further information concerning this matter	r, please call: 888
For further information concerning this matter AMY GAINES Name of Person STREET/COURIER ADDRESS: Registration Section	at (888 705-7274 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section
For further information concerning this matter AMY GAINES Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations
For further information concerning this matter AMY GAINES Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
For further information concerning this matter AMY GAINES Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations
For further information concerning this matter AMY GAINES Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
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H18000260277 3

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.

2. (a) Principal office address of limited liability company: (Note: MUST RESTREET ADDRESS) 1 EAST WACKER DRIVE, SUITE 1600 CHICAGO IL 60601 CHICAGO IL 60601 CHICAGO IL 60601 11/24/2015 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: COGENCY GLOBAL INC. Registered Office Address (MUST RE FLORIDA STREET ADDRESS) 115 NORTH CALHOUN STREET SUITE 4 TALLAHASSEE, FL 32301 (b) Enter name of NEW Registered Agent Agent and/or NEW Registered Office address: 155 Office Plaza Dr., Suite A Tallahassee FL 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered gent will be identical. Or, in the case of a Florida limited liability company, it is thereby confirmed that the changels) was/were authorized by an affirmative vote of the members of the limited liability company. Thereby accept the appointment as registered agent as provided for more of my duties, and I om familiar with and accept reflect a phange in the registered office address. I hereby confirm that the limited liability company of an Information are registered agent as provided for mane of my duties, and I om familiar with and accept reflect a phange in the registered agent as provided for the Chapter 605. FS. Or, if this company has Recentification are registered agent as provided for the Chapter 605. FS. Or, if the hange is the registered address. I hereby confirm that the limited liability company has Recentification are registered agent as provided for member of my duties, and I om familiar with and accept the appointment as registered agent as provided for member of my duties, and I om familiar with and accept the appointment as registered agent as provided for members.	I. Na	une of the limited liability company: RE	DWOOL	D CL	AIRMO	NT ON	THE G	REEN, LLC		
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314	0	//	-	477	7 a Wallak -	51 2	2214			

FILING FEE: \$25.00