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(((H160003202693)))



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To:

Division of Corporations

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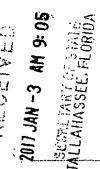
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE EW PARKLAND, LLC



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D. SCOTT JAN 4 2017

## COVER LETTER

Division of Corporations		
SUBJECT:		<del></del>
Name of Li	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Name of Person		
Name of Person		:
Firm/Company		
Address		SE OF
City/State and Zip Code	<del></del>	ELED WOLL
E-mail address: (to be used for future annual rep	ort notification)	N S I
For further information concerning this matter, please	call:	
at (at (	Area Code & Daytime Telephone Num	 lber
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	ਰ
Enclosed is a check for the following amount	nt:	
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy	
INTIS18 (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.

. Na	ame of the limited liability company: EW PARKLANE	, <i>LL</i> C	
(a)		(b)	
(w)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Saine	Same	
	01/11/2016	М16000	000248
	Date of filing/registration in Florida	4.	Document number
i. (a)	DEANGULO, JUAN		
(,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	Registered Office Address <u>AUST RE FLORIDA STREET</u> .	ADDRESS)	
	2875 NE 191 STREET STE 800		
	AVENTURA , FL	33180	
			——————————————————————————————————————
(b)	Enter name of NEW Registered Agent and/or NEW Registered		_ 25
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	三
	C T Corporation System		Z-3 E
	NEW Registered Office Address:		
	1200 South Pinc Island Road		100 <b>E</b>
	Plantation , FL	33324	
he cha gent v vas/we he arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Damila Woods	ws of the State of the registered of ability company, of the limited liab limited liability	Florida, it is hereby confirmed that after ffice and the business office of the registe it is hereby confirmed that the change(s) pility company or as otherwise provided in company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
herei rovisi he obl	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a chappe in the registered office address, I i	ree to act in this of performance of which the performance of the chapter to be subject to the performance of the performance o	capacity. I further agree to comply with my duties, and I am familiar with and act 603, F.S. Or, if this document is being fi hat the limited lightling campany bus been

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SECRELARY OF STATE

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