7/11/2018

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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Electronic Filing Menu

Corporate Filing Menu

Help

## 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: AL KATY MANA	GEMEN	TLLC		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			iailing address of limi (Note: MAY BE PO	ted tiability company: ST OFFICE BOX
	No change		No change		
	02/01/2016	<del></del>	M16000000	<b>4</b> 3	
3.	Date of filing/registration in Florida	4.		Document numbe	г
5. (a)	Joseph G Lubeck				
(	Registered Agent and Registered Office shown on the records of the 11911 US Highway 1, Suite 204	Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET A	DORESS	1		
(b)	North Palm Beach , FL	33408			2019 JUL 12 PH 4: 19 SECRETARY OF STAT
	C T Corporation System				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				表 2
	1200 South Pine Island Road				JIS JUL 12 PH 4: 19 ECRETARY OF STATE TALLAHASSEE, FL
	NEW Registered Office Address:				F. F.
	Suite 250				7 H 9
	Piantation , FL	33324			,
the chi	limited 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 lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lin limited	stered office impany, it is sited liability	: and the basiness s hereby contimue y company or as o	office of the registered dithat the change(s)
Signi	sture of a member or authorized representative of a member			Printed or typed nan	ie of signee
I here provis the ob- to met	the active the appointment as registered agent and age tions fall statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. It does not be the change of this change.	ree to ac parform d for in hereby c	t in this caps cance of my ( Chapter 605 onfirm that	wity. I further ag duties, and I am fo , F.S. Or, if this c the limited liabili	ree to comply with the imiliar with and accept locument is being filed ly company has been
By:	C T Corporation System Collection			Alfred	! Younan
Signat	ure of Registered Agent		A. My 11 1	Assistan	t Secretary

Division of Corporations P.O. Box 6327\* Tallahassee, FL 32314 FH.ING FEE: \$25.00

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