

MILADULLO888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

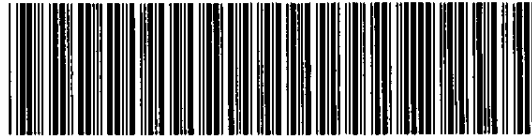
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 NOV 21 P 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 22 2016



SORENSEN ENTITY SERVICES LLC
12430 Spring Run Road
Chesterfield, VA 23832
info@sorensenes.com
Phone: (302) 433-6899

November 10, 2016

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Florida Division of Corporations,

Please find attached nine (9) *Statement of Change of Registered Agent and/or Registered Office* filings for the following entities (with state file number):

SL Water's Edge Apartments, DST	D14000000019
SL - FL NNN Industrial Portfolio I, DST	D15000000038
Sandlapper Student Housing, LLC	M14000004228
SL Water's Edge Apartments Master Tenant, LLC	M14000005107
SL Waters Edge Apartments Signatory Trustee, LLC	M14000006312
SL Water's Edge Apartments Holdings, LLC	M14000006484
SL - FL NNN Industrial Portfolio I Signatory Trustee, LLC	M15000008269
Sandlapper Capital Investments, LLC	M15000008304
Sandlapper Securities, LLC	M16000000888

Please also find attached a check for the full cost of \$315. Please return any post-filing documents and receipts to the address listed in the top right corner of this letter.

If there is any concern or issues in processing, please call me. Thank you for your help!

Sincerely,

Chris Sorensen, Owner
Sorensen Entity Services LLC
chris@sorensenes.com
Phone: (302) 433-6899

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV 21 P 4: 06

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of registered agent filings for seven (7) LLC's
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:

Chris Sorensen

Name of Person

Sorensen Entity Services LLC

Firm/Company

1201 N. Orange St., Suite 7044

Address

Wilmington, DE 19801

City/State and Zip Code

chris@sorensenes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Sorensen

302

433-6899

at ()

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

INHS18 (2/14)

NOTE: Check number 3004 is already with FL Div of Corp and the \$175 charge for seven (7) filings should be deducted from that check.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV 21 P 14:06

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**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. Name of the limited liability company: Sandlapper Securities, LLC

2. (a) 800 E North St., 2nd Floor (b) 800 E North St., 2nd Floor

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Greenville, SC 29601

Greenville, SC 29601

02/02/2016

M16000000888

3. Date of filing/registration in Florida 4. Document number

5. (a) NRAI SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) InCorp Services, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

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 agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Chris Sorensen, authorized representative

Printed or typed name of signer

I hereby 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.

Signature of Registered Agent

Jackie DeFilippis for InCorp Services, Inc.

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

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TALLAHASSEE, FLORIDA