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Account#: 120000000088

Name:Marisa Kugelmann Reference =:C019372 Entity Name:CITRUS APARTMENTS, LLC Art cles of Incorporation/Authorization to Transact Business AmendmentChange of AgentReinstatementConversionMergerDissolution/WithdrawalFictitous NameOtherOther	Date: June 26, 2017	71000 d 171.11. 12 0 0 0 0 0 0 0 0 0 0
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Art cles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name	Reference =: C019372	
□ Amendment ☑ Change of Agent □ Reinstatement □ Conversion □ Merger □ Dissolution/Withdrawal □ Fictitous Name	Entity Name: CITRUS APARTMENTS, LLC	_
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Other	Fictitous Name	
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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, 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: 1247 Waukegan Rc Suite 200 (Note: MUST BE STREET ADDRESS) Glenview, it. 60025 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Glenview, it. 60025 Glenview, it. 60025 4/1/2016 M16000002729 3. Date of filing/registration in Florida 4. Document number	1. Na	ame of the limited liability company:CITRUS AF	PARTMENTS, LLC	<u></u>		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 4/1/2016 M16000002729 4. Document number						
(Note: MAY BE POST OFFICE BOX) Glenvlow, IL 60025 4/1/2016 M16000002729 3. Date of filing/registration in Florida 4. Document number		(Glenview, IL 60025			
4/1/2016 M1600002729 3. Date of filing/registration in Florida 4. Document number	(p)		1247 Waukegan Rd Suite 20	10		
3. Date of filing/registration in Florida 4. Document number		(1.00c. (1.111 BE 1.001 0.111 CE BO.))	Glenview, IL 60025			
	4/	/1/2016	М16000002729			
	3. Da	ite 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:	5. (a)) Registered Agent and Registered Office shown on t	he records of the Florida De		tate:	
Registered Agent: Corporation Service Company		Registered Agent:	Corporation Service Co		<u>پ≓_</u>	
Registered Office Address: 1201 Hays Street		Registered Office Address:	1201 Hays Street			4200000 42000000
Tallahassee, FL 32301-2525 (2) 2			Tallahassee, FL 32301-2525			
				ب. رياز	-	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address	(ъ)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office addre	<u>sŝ.</u>	ထ္	•••
NEW Registered Agent: COGENCY GLOBAL INC.		NEW Registered Agent:	COGENCY GLOBAL INC		2	
NEW Registered Office Address: 115 North Calhoun St., Suite 4		<u> </u>				
(MUST BE FLORIDA STREET ADDRESS) Tallahassee ,FL 3230;		(MUSI BE PLORIDA STREET ADDRESS)	Tulishassee	,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 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 of authorized representative of a member	confirmand the liability the method the op-	med that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orids street address of the re cal. Or, in the case of a Flo was/were authorized by an	egistered orida lim affirmat	d offic nited tive vo	ote of
Alan Pollack	Alan	Pollack				
Printed or typed name of signee			_			
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 agent as Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.	I here compl and I i Chapt addres	eby accept the appointment as registered agent and as ly with the provisions of all statutes relative to the product am familiar with and accept the obligations of my poster 605, F.S. Or, if this document is being filed to ment is being filed to ment is the confirm that the limited liability company	gree to act in this capacity, per and complete performa sition as registered agent as rely reflect a change in the r has been notified in writing	I furthe ince of n s provid register g of this	r agre ny dut ed for ed offi chan	e to ies in ce ge.
Signature of Registered Agent Sean Honan, Assistant Secretary	Signatu	ire of Registered Agent Span Honan Assistant Spanata	D/			

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

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