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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Vista at Lost Lake TIC	I LLC une of Limited Li	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the f	ollowing:
Lisa Jutz		_
Name of Person MLG Capital		
Firm/Company	. * ,	
19000 W. Bluemound Rd.		
Address		•
Brookfield, WI 53045		
City/State and Zip Code	•	
ljutz@mlgcompanies.com		
E-mail address: (to be used for future ar	mual report notifi	cation)
For further information concerning this matte	r, please call:	
Lisa Jutz	at (262	_)364-5518
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	g amount:	
☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy

INHS18 (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.

1)	8230 210th Street South	(b	st Lake TIC LLC (b) 8230 210th Street South		
7.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	<i></i>	Aailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	Boca Raton, FL 33433		Boca Ra	ton, FL 33433	
	09/30/2016		M16000	0007859	
	Date of filing/registration in Florida	4.		Document number	
a)	Southstar Capital Group I, LLC				
,	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	•	
	8230 210th Street South				
	Registered Office Address (MUST BE FLORIDA STREE	TADDRFSS	7,		
	Boca Raton			2977	
n) .	Boca Raton InCorp Services, Inc.			2927	
)) <u>.</u>		FI. <u>3343</u>	3	297712-5	
	InCorp Services, Inc.	FI. <u>3343</u>	3	2000	
	InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered	FI. <u>3343</u>	3	29991	

the articles of organization or the operating agreement of the limited liability company.

James L. Mueller

Signature of a member or authorized representative of a member

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 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.

Kelsie Stacy on behalf of InCorp Services, Inc.

Signature of Registered Agent