

3/22/2017

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-5383

From:

Account Name : C T CORPORATION SYSTEM

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

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### LLC REGISTERED AGENT CHANGE

## CH REALTY VII-PSREG BOYNTON BEACH LAS VENTANAS, L.L.

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Corporate Filing Menu

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### **COVER LETTER**

	Registration Section Division of Corporations	
SUBJE	CT: CH REALTY VII-PSREG BOYNTON B	EACH LAS VENTANAS, L.L.C.
30Dat.		Limited Liability Company
Dear Sir	or Madam;	
The enc	losed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please r	cturn all correspondence concerning this ma	atter to the following:
Michelle	e Clark	
	Name of Person	
Pollack	Shores Real Estate	
	Firm/Company	<del></del>
5605 GI	enridge Drive Ste 775	•
	Address	
ATLAN	TA, GA 30342	
	City/State and Zip Code	<del></del>
E-	mail address: (to be used for future annual r	report notification)
For furt	her information concerning this matter, plea	asc call:
	_	
	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	ount:
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INIIS18	(2/14)	

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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.

. (a)	Pollack Shores Real Estate		(b	(b) Pollack Shores Real Estate
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5605 Glenridge Drive Ste 775			5605 Glenridge Drive Ste 775
	ATLANTA, GA 30342			ATLANTA, GA 30342
	10/06/2016			M16000008011
•	Date of filing/registration in Florida	4.	-	Document number
5. (a)	CORPORATION SERVICE COMPANY			
	Registered Agent and Registered Office shown on the records of	of the Flor	rida	da-Dept. of State:
	Registered Office Address	'ADDRE	<u> </u>	33)
	1201 HAYS STREET			
	TALLAHASSEE	L_32301	-25	2525 E E
				in it
(b)	Enter name of NEW Registered Agent and/or NEW Registere			\$\frac{1}{2} \frac{1}{2} \frac
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	add	ddress:
	C T Corporation System			FILED  THAN 22 A 9: 55  CRETARY OF STATE  CAHASSEE, FLORIDA
120	NEW Registered Office Address:			25.
	1200 South Pinc Island Road			——————————————————————————————————————
	Plantation, F	L_33324	<b>‡</b>	
e char gent w as/we e artic	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members eles of organization or the operating agreement of the understanding agreement of the understand	of the re iability of the l e limite	gist cor imi d li	istered office and the business office of the registe ompany, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
hereb ovisic e obli mere	y accept the appointment as registered agent and at ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, l in writing of this change.	gree to a e perfor led for i hereby	ict . ma n C coi	· · · · · ·

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00