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From: Ranae McGraw

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR EIMITED 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.

2021-01-15 14.25:04 CST

¥ l. Na	ame of the limited liability company: DURBIN LAKE	S INVES	TORS, LL	C	
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	• `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1301 RIVERPLACE BOULEVARD STIE 1900		1301 R	VERPLACE BOULEVARD STE 1900	
	JACKSONVILLE, FL 32207		JACKS	ONVILLE, FL 32207	
	11/21/2016		M160000	009352	
3.	Date of filing/registration in Florida	 4.		Document number	
(ŏ) .	GATLIN, FRANKLIN C, III				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET) 1301 RIVERPLACE BOULEVARD STE 1900	ADDRES	<u></u>	22 E	
	JACKSONVILLE , FI	32207			
	C T Corporation System				
	Enter name of NEW Registered Agent and/or NEW Registered		idress:	· 59	
	NEW Registered Office Address:			03 	
	1200 South Pine Island Road			~~~	
	Plantation , EI	33324			
he cha agent w was/we	imited liability company is not organized under the lar nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the reg iability c of the lir	istered off ompany, i nited liabi	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
Signat	are of a member or authorized representative of a member	, <u>.</u>	·	Printed or typed name of signee	
rovisio he obli o mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I find writing of this change.	e perforn ed for in hereby o	unce of n Chapter (con Critist	ry duties, and I am familiar with and accept 105, F.S. Or, if this document is being filed at the limited liability company has been I N Kelm	
ly:	CT Corporation System ()		/\\$5 5\@N	: Secretary	
Signatur	re of Registered Agent				

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