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7/11/2019



Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	60 × m
	Fax Number : (850)617-6383	and a
From:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Account Name : C T CORPORATION SYSTEM	75 F
	Account Number : FCA000000023	
	Phone : (614)280-3338	tar.
	Fax Number : (954)208-0845	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema11	Address:	
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LLC REGISTERED AGENT CHANGE EMIF LAKE GRAY MANAGEMENT LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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 understand limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

t. Na	ame of the limited liability company: EMIF LAKE GRA	Y MAI	AGEMENT	LLC		
2. (a)		(1	o)			
	Principal office address of limited liability company:		,	Mailing address of limited (Note: MAY BE POS	d liability com	
	(Note: MUST BE STREET ADDRESS) No change		No change		, 011154.0	20
	TO CHAIR	_	, vo enarge			
	02/15/2017	-	M17000001	335		
3.	Date of filing/registration in Florida	4.		Document number		
5 (A)	Joseph G Lubeck					
5. (a)	Registered Agent and Registered Office shows on the records of the H1911 US Highway 1, Suite 204 Registered Office Address		··	- t: -	. <u>@</u>	20
			_		₽ G	19 J
	North Paim Beach, FL	33408		-	CRETARY OF S	2019 JUL 12
CL X	C T Corporation System				ASS C	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	-)FS	2
	1200 South Pine Island Road			_	STAT	2: 43
	NEW Registered Office Address:				ITI	
	Suite 250			_		
	Plantation , FL	33324				
the ch agent	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of the regability of the li- limited	gsterect offic company, it mited liabili	e and the business of is hereby confirmed to company or as offered.	that the cha	registeret inge(s)
Sim	ature of a menuty or authorized representative of a member			Printed or typed name	of signee	
I here provis the ob- to me:	eby accept the appointment as registered agent and agr tions of all statutes relative to the proper und complete ligations of my position as registered agent as provide rely thect a change in the registered office address, I had in writing of this change.	ee to a perform d for in hereby	ct in this cap mance of my Chapter 60 confirm that	pacity. I further agree duties, and I am fan S. F.S. Or, if this do the limited lability	ee to compl niliar with a cument is b company h	y with the ind accep eing filed as been
	ed in veriting of this change. C T Corporation System			Alfred Y	<mark>'ouna</mark> r	}
By: Signat	ure of Registered Agent	~		Alfred Y Assistant S	Secret	arv
	Division of Cornerations P.O. I	30x 63				,

FILING FEE: \$25.00

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