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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
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LLC REGISTERED AGENT CHANGE EMERALD ISLE NUMBER 2305, LLC

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Page Count	02	
Estimated Charge	\$25.00	

20 FED 19 PN 14: 27

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. Ni	ime of the limited liability company: Emerald	Isle Number	er 2305, LLC		
2. (a)	, , , , 	(b)			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	2603 KIELDER SHADOW CT	2603 KIELDER SHADOW CT			
	KATY, TX 77494	TX 77494			
	02/28/2018	0002081			
3.	Date of filing/registration in Florida	4.	Document number		
5 ()	CORPORATION SERVICE COMPANY				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ite:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	- s 2		
	1201 HAYS STREET		0201		
	TALLAHASSEE FI	32301-2525	2020 FEB SECRETALLY		
(b)	Registered Agents Inc.		- 19 F		
(0)	Enter name of NEW Registered Agent and/or NEW Registered				
	7901 4th St N		AHIO: 00		
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	_33702			
the chargent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered officiability company, it of the limited liability colimited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
Sien:	ature of a member or authorized representative of a member	Riley Park	Printed or typed name of signee		
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I dim writing of this change.	e perjormance oj my ed for in Chanter 6l	pacity. I further agree to comply with the values, and I am familiar with and accept S. F.S. Or, if this document is being filed		

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