# M19000009179

	(Requestor's Name)
	(Address)
	(Address)
	(Concess)
	(City/State/Zip/Phone #)
_	<u></u>
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dusiness Chilly Marile)
	(Document Number)
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Special Instructions to	Filing Officer:

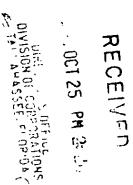
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#### WALK IN

	PICK U	UP: <u>BROOK 10/25</u>
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	GS	
XX	FILING	STATEMENT OF CHANGE
	VENTURA POINTE APAI (CORPORATE NAME AND DOCUM	
	(CORPORATE NAME AND DOCUM	1ENT #)
	(CORPORATE NAME AND DOCUM	IENT #)
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	CORPORATE NAME AND DOCUM	IENT #)

#### **COVER LETTER**

TO: Registration Section Division of Corporations Ventura Pointe Apartments, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

### 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.

2. (a)	3411 Silverside Road	( }	) 1102 A1	AN
2. (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)
	Tatnall Building #104		Suite 200	6
	Wilmington, DE 19810	_	Ponte Ve	edra Beach, FL 32082
	09/18/2019		M1900000	<b>)</b> 9179
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LLoyd Jones LLC			
(11)	Registered Agent and Registered Office shown on the records of	the Florida	i Dept. of St	
	1102 A1A N			<del>2</del>
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	
	Suite 206			DE DOT
	Ponte Vedra Beach FI	32082		FILED 2023 OCT 25 AM 9: 19 TÄLLÄNASSEE FLORIDA
(b)	CCS Global Solutions, Inc.			E.F. O
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	79
	155 Office Plaza Drive		_	P
	NEW Registered Office Address:			
	1st Floor			
	Tallahasse . FL	32301		
thange igent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited have authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility co of the lim	d office as mpany, it ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
/s/ Jas	s/ Jason Tennenbaum		Jason Tennebaum	
_	Signature of a member or authorized representative of a member		Printed or typed name of signee	
l hereb rovisio he obli o mere	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I f I in writing of this change	ee to act performa I for in C vereby co	in this cap ince of my hapter 60 infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

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

**Assistant Secretary** 

/s/ Joanne Caswell

Signature of Registered Agent