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(Address)								
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 172713 8358909 AUTHORIZATION : COST LIMIT ORDER DATE: October 27, 2021 ORDER TIME : 2:17 PM ORDER NO. : 172713-022 CUSTOMER NO: 8358909 CHANGE OF AGENT NAME: PARK PLACE APARTMENTS OWNER, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Alexxis Weiland

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. N	ame of the limited liability company: PARK PLAC	E APARTM	/EN	NTS OWN	NER, LLC	_		
2. (a)		('h)					
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((b)					
	618 E. SOUTH ST., STE. 541		ı	618 E. SC	OUTH ST., ST	TE. 541		
	ORLANDO, FL 32801		-	ORLANDO, FL 32801				
	05/14/2021		N	/2100000)5958			
3.	Date of filing/registration in Florida	4.	_	_	Document nu	ımber		
5 (a)								
5. (a)	Registered Agent and Registered Office shown on the records	s of the Florid	la D	ent, of State	_ e:			
	REGISTERED AGENT SOLUTIONS, INC.							
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	S		-			
	155 OFFICE PLAZA DR., STE. A		_4.					
	TALLAHASSEE	FI 32301		·-	-		?;	
		. 1 13			-		13	
(b)						<u> </u>	·1	• 100 1
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-			la maser Transfer	
	Corporation Service Company					່ເກ ົ ້າ	29 AH 9:	(2-) (44)
	NEW Registered Office Address:				-	1.5	9:27	
	1201 Hays Street					广门		
	Tallahassee	FL 32301						
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the companication of the operating agreement of the companication or the operating agreement of the companication of the operating agreement of the operati	the register I liability co rs of the lin	ed o omp nite	office and pany, it is d liability	I the business hereby confirmed to the c	office of rmed that	the reg	gistered ange(s)
/s/: Jill Cilmi			Cilr	mi, Author	rized Person			
Signature of a member or authorized representative of a member					Printed or typeo	d name of si	gnee	
provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as proviety reflect a change in the registered office address. I'm writing of this change.	ete perform ded for in (I hereby co	anc Cha onf	e of my d ipter 605, irm that ti	luties, and La F.S. Or, if the he limited liat	m familia his docum bility com	comp. r with ent is a pany h	ly with the and accept heing filed as been
<u></u>	vace tokuble	Grace E.	. Ki	rby, Asst	. Vice Preside	ent		
Signalu	re of Registered Agent\							