M98000001571

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT	MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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16 MAY II PH I: 29
SECRETARY OF STATE
TAIL AHASSEF, FLORIO

HAY 13 2015 J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 9, 2016

Order#: 114823-037

Re: SHANGRI-LA SPRINGS, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company: SHANGRI-LA SP	RINGS	LLC	 		<u>.</u>
2	(a)	27750 Old US 41 Rd	(b)	P.O. Bo	ox 366955		
2.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5)		Mailing address of limited l (Note: MAY BE POST of	-	
		Bonita Springs FL 34135	_	Bonita Sp	prings, FL 34136		
		12/22/1998		M9800000	01571		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	NRAI Services, Inc					
٠.	(4)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	- e:		
		1200 South Pine Island Road					
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		-		
		-					
					-		
		Plantation , FL_	33324		-		
	(b)	Corporation Service Company			- Av	:	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:		j 00	
						AY	
		1201 Hays Street			- 33		क्षमञ्ज है क ार
		NEW Registered Office Address:			ETARY OF ST WHASSEE, FLO	70	: ************************************
					- الله الله الله الله الله الله الله الله	- P	ि स्टान्स् री इ. इ.
					RAT	 ယ	
		Tallahassee , FL_	32301		Diri A	Ö	
the ag	e cha ent v as/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	the regist bility con the limi	ered office npany, it is ted liability	e and the business offi- s hereby confirmed that y company or as other	ce of th at the cl	e registered hange(s)
	~1	Lie E. Clanie	Jill C	ilmi, Autho	orized Person		
	•	ure of a thember or authorized representative of a member			Printed or typed name of	_	
pr th to no	ovisi e obl mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.	performa for in C ereby co	nce of my o hapter 605 nfirm that	duties, and I am famili 5, F.S. Or, if this docu the limited liability co	iar with ment is mpany	oly with the and accept being filed has been
Si	gnatu	re of Registered Agent Corporation Service Company	BY: Gr	ace E. Kir	rby, Asst. Vice Presi	dent	

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