

DOUGLAS COUNTY, NV

2016-884784

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07/22/2016 08:20 AM

ORDM - TSG

KAREN ELLISON, RECORDER

APN: 1220-16-610-003

RECORDING REQUESTED BY:
Sables, LLC

AND WHEN RECORDED MAIL TO:
Sables, LLC
c/o Zieve Brodnax & Steele
3753 Howard Hughes Parkway, Suite 200
Las Vegas, Nevada 89169

SPACE ABOVE THIS LINE FOR RECORDER'S USE

TS No.: 16-43995

The undersigned hereby affirms that there is no Social Security number contained in this document.

SUBSTITUTION OF TRUSTEE

WHEREAS, BAYSDEN DAY INVESTMENTS, LLC, A CALIFORNIA LIMITED LIABILITY COMPANY was the original Trustor, NOBLE TITLE, LTD. was the original Trustee, and EAST ORLANDO REAL ESTATE HOLDINGS, LLC, A FLORIDA LIMITED LIABILITY COMPANY was the original Beneficiary under that certain Deed of Trust dated 7/28/2015 and recorded on 7/31/2015 as Instrument No. 2015-867111, in book , page of Official Records of Douglas County, Nevada; and

WHEREAS, the undersigned is the present Beneficiary under said Deed of Trust, and

WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in place and instead of said original Trustee, or Successor Trustee, thereunder, in the manner in said Deed of Trust provided,

NOW, THEREFORE, the undersigned hereby substitutes Sables, LLC, a Nevada limited liability company, as Trustee under said Deed of Trust.

Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

Dated: 7/14/2016

East Orland Real Estate Holdings, LLC

By: [Signature]

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of FLORIDA

County of SEMINOLE

On JULY 14, 2016 before me, DELIA ANN SHANTAY CALLENDER Notary Public, personally appeared LITHIA D. COX who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of FLORIDA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature] (Seal)

