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COVER LETTER

	Registration Section Division of Corporations			S.	
SUBJE	CT. MM Village Allapattah Phas	e I,	LLC		
150 1543.15		ne of	Limited Lia	bility Company	
Dear Sir	or Madam:				
The enc	losed Registered Agent/Registered Off	ice C	Thange and f	ee(s) are submitted for filing.	
Please re	eturn all correspondence concerning th	is ma	atter to the fo	ollowing:	
Joël L.	Tabas				
	Name of Person		-	=	
Tabas	& Soloff, P.A.			VENDOR # 7490065 HOT 	
	Firm/Company			AMOUNT: \$25.00	
25 SE	2nd Avenue, Suite 248			PAGE 1 OF 2	
	Address			.	
Miami,	Florida 33131				
	City/State and Zip Code				
jtabas@	@tabassoloff.com				
E-r	nail address: (to be used for future ann	ual r	eport notific	ation)	
For furth	er information concerning this matter,	pleas	se call:		
Joel L.	Tabas	at	305	375-8171	
	Name of Person		·	Area Code & Daytime Telephone Number	
1 (2	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Callahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
I	Enclosed is a check for the following	amo	unt:		
Ç	Z \$25 Filing Fee		Q \$55	Filing Fee & Certified Copy	
INHS18 (2/14)				

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: MM Village Alla				
2	(a)	Tabas & Soloff, P.A.	1	h) Tabas	& Soloff, P.A.	
٠.	(u)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	- (~)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
		25 S.E. 2nd Ave., Suite 248		25 S.E.	2nd Ave., Suite 248	
		Miami, Florida 33131	-	Miami,	Florida 33131	
		8-17-05		L050000	981192	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Tabas & Soloff, P.A.				
٠.	(4)	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of Sta	te:	
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>S)</u>	_	
		14 NE 1st Ave., PH			<u></u>	
		Miami, , FL 3	33132) 	PAGE 2 012	
	(b)	Tabas & Soloff, P.A.			AHAI AHAI	9月87月 9月1日 - 1 1選号 明79日
	(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice a	idresy:	- 55E	
					OF ST	ा
		NEW Registered Office Address:			TAIL ORIU	- Section 1
		25 S.E. 2nd Ave., Suite 248			_	
		Miami , FL 3	33131		_	
the age	cha nt w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility c the lir imited	istered offic ompany, it nited liabili liability co	ee and the business office of the regist is hereby confirmed that the change(s ty company or as otherwise provided mpany.	tered
		Jn)	Jo	el L. Taba		
		ure of a member or authorized representative of a member	a to as	of in this acc	Printed or typed name of signee	the
pro the to i	visi .obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided if y reflect a change in the registered office address, I he In writing of this change	e 10 ac erforn for in ereby c	it in this cap tance of hty Chapter 60 confirm that	sactive. I further agree to comply with odulies, and I am familiar with and acts. F.S. Or, if this document is being the limited liability company has been the limited liability company.	ine Scept Siled In
Sig	natu	re of Registered Agent				