Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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ACCOUNT Name : CORPORATE CREATIONS INTERNATIONA

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Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE 3890 GREENWAY LLC

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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 understgned 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	ame of the limited liability company: 3890 Greenw	ay LLC	
2. (a)	5118 N SATH STREET	(b) 5118 N. 56TH STREET	
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)
	TAMPA, FL 33610	TAN	лРА, FL 33610
	10/01/2012	L1200	00125122
 (a) 	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Document number
~, (#)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET		State:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	TALLAHASSEE , FL	32301	— 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
(b)	Corporate Creations Network Inc.		
(-,	Euter name of NEW Registered Agent and/or NEW Registered	Office address:	
	11380 Prosperity Farms Road #221E		R. F. S.
	NEW Registered Office Address:		Only of
	Palm Beach Gardens, FL	33410	·
the cha agent v	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members colless of organization of the operating agreement of the	the registered cability company of the limited lia limited liability	office and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signer
provisi the obi to mer	by accept the appointment as registered agent and agi ons of all statules relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I it in writing of this change.	ree to act in this performance of d for in Chapter hereby confirm	capacity. I further agree to comply with the five duties, and I am familiar with and accept fills. F.S. Or, if this document is being filled that the limited liability company has been
Signatu	re of Registered Agent	z, Special Secre	etary

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