

M17 00000 8828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

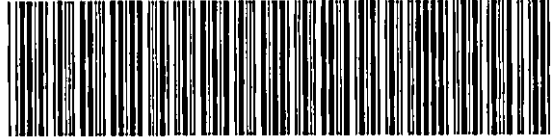
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800314941098

06/25/18--01041--011 **200.00

FILED
2018 JUN 25 AM 8:01
TALLAHASSEE

JUN 27 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reva Kay Tampa IBC 1 MT, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Sorensen

Name of Person

Sorensen Entity Services LLC

Firm/Company

12430 Spring Run Rd

Address

Chesterfield, VA 23832

City/State and Zip Code

chris@sorensenes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Sorensen

at (302) 245-3994

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Reva Kay Tampa IBC 1 MT, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5540 FALMOUTH STREET, SUITE 302
RICHMOND, VA 23230

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
5540 FALMOUTH STREET, SUITE 302
RICHMOND, VA 23230

3. 10/17/2017 Date of filing/registration in Florida

4. M17000008828 Document number

5. (a) CORPORATION SERVICE COMPANY
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 HAYS STREET

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
TALLAHASSEE, FL 32301

(b) InCorp Services, Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
17888 67th Court North
NEW Registered Office Address:
Loxahatchee, FL 33470

FILED
 2010 JUN 25 AM 8:01
 TALLAHASSEE, FL 32301
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member

Chris Sorensen - authorized representative Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] Signature of Registered Agent

Ken Sandler on behalf of InCorp Services, Inc.

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