## M1700000 8836

(Requestor's Name)					
(Address)					
( desire,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Durings Futite Marso)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					



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627/18@S

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	REVA KAY TAMPA IBC1, LL	С				
		of Limited Liab	oility Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the fo	llowing:			
Chris	Sorensen					
	Name of Person	-	-			
Sore	nsen Entity Services LLC					
	Firm/Company		-			
1243	0 Spring Run Rd		- -			
	Address		٠-			
Ches	terfield, VA 23832					
	City/State and Zip Code		- `			
	@sorensenes.com		_			
E	-mail address: (to be used for future annu-	al report notific	ation)			
For fur	rther information concerning this matter, p	lease call:				
Chris	Sorensen	302 _ at (	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	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	<b>□ \$</b> 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. N	ame of the limited liability company: REVA KAY T	AMPA IE	3C1, LLC	
				_
-, (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
	5540 FALMOUTH STREET, SUITE 302		5540 FALMOUTH STREET, SU	ITE 302
	RICHMOND, VA 23230		RICHMOND, VA 23230	
	10/17/2017	٨	M17000008836	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	CORPORATION SERVICE COMPANY			
υ. (α	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	32301	1 -'	
(b)			<del></del> -	
			<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addi	<u>ress</u> :	
	17888 67th Court North		<i>&gt;</i>	• •
	NEW Registered Office Address:			
			<u> </u>	
	Loxahatchee, FI	33470	<del></del>	
the chagent was/v	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regist lability con of the limit	tered office and the business office of t inpany, it is hereby confirmed that the c ited liability company or as otherwise p	he registered change(s)
	Man	Chri	is Sorensen - authorized represe	ntative
-	ature of a prember of authorized representative of a member		Printed or typed name of signee	le estate ale e
provi: the ol- to me	eby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely peffect a change in the registered office address, I sed in writing of this change.	nerforma	mee of my duties, and I am familiar wit	h and arcent
Signa	Uty of Rygistered Agent		• to the	
	Keri Sandler on bo	enail of InCor	rp Services, Inc	