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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Village Carver Phase I, LLC		
	f 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 ma	atter to the following:	
Joel L. Tabas		
Name of Person		
Tabas & Soloff, P.A.		
Firm/Company	VENDO	
25 SE 2nd Avenue, Suite 248	VENDOR # 7490065 HOT GL CODE: <b>980</b> -00-63180 0	
Address	AMOUNT: \$25.00 PAGE 1 OF 2	
Miami, Florida 33131	· · · · · · · · · · · · · · · · · · ·	
City/State and Zip Code	······································	
jtabas@tabassoloff.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea	se call:	
Joel L. Tabas	305 375-8171	
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 amo	ount:	
☑ \$25 Filing Fee	☐ \$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.

١.	Na	me of the limited liability company: Village Carver	Pha	se	I, LLC				_
2	(a)	Tabas & Soloff, P.A.		(b)	Tabas 8	Soloff, P.A.			
٠.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)		Mailing address of limited (Note: MAY BE POST			_
		25 S.E. 2nd Ave., Suite 248	_	_	25 S.E.	2nd Ave., Suite 24	18		
		Miami, Florida 33131	_		Miami, F	Florida 33131	·· ·· · · · · · · · · · · · · · · · ·		<b>-</b>
		8-17-05		L	.0500008	81189			
3.		Date of filing/registration in Florida	4.			Document number			_
5	(a)	Tabas & Soloff, P.A.					a.		
٠.	(4)	Registered Agent and Registered Office shown on the records of the	ne Flori	ida I	Dept. of State	<del></del>			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	(2.2)		-	•		
		14 NE 1st Ave., PH							
		Miami, , FL	3313	2		-	PAGE 2	OF 2	
						-			
	(b)	Tabas & Soloff, P.A.  Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	A C	17		
		Enter name of the W Resistance Areas and the W Resistance of	Jinee i		<u>534</u> .		LAH CAH	JUN 12	
						_	IAS AS	~	***
		NEW Registered Office Address:			<del>-</del>	-	338 438		1
		25 S.E. 2nd Ave., Suite 248				_	OF'S E. FL	AH S	П
							STA OR		C
		Miami , FL	3313	1		<del>-</del>	, IDA	<b>T</b>	
the age	e cha ent was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization on the operating agreement of the less of organization on the less of organization of the less of organization organ	the reg bility Tthe li	giste con imit	ered office spany, it is ed liabilit	e and the business off s hereby confirmed th y company or as othe	ice of the at the cha	registere nge(s)	đ
		(h)	J	pel	L. Tabas	S			_
	-	ure of a member or authorized representative of a member				Printed or typed name or		and of	
no	iijied	by accept the appointment as registered agent and agree ons of all statues relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper address, I have the property of the change of this change.	e to d perfor for in ereby	ict i mai 1 Cl coi	n this cap nce of my napter 605 ifirm that	acity. I further agree dutles, and I am fami 5, F.S. Or, if this doc the limited liability co	to comply liar with a ument is b ompany ho	y with the ind accep eing filed as been	! भ
Σij	gnatu	re of Registered Agony							

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

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