10500081184

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
	,				

Office Use Only



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JUN 1 3 2017 Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	MM Village Carver Phase I, LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.		
Please	return all correspondence concerning this n	natter to the fe	ollowing:		
Joel i	L. Tabas				
	Name of Person		_		
Tabas & Soloff, P.A.		VENDOR # 7490065			
	Firm/Company		HOT GL CODE: 980 -00-63180.00		
25 SE	E 2nd Avenue, Suite 248		AMOUNT: \$25.00 PAGE 1 OF 2		
	Address				
Miam	ni, Florida 33131				
•	City/State and Zip Code		una.		
jtabas	s@tabassoloff.com				
E	e-mail address: (to be used for future annual	report notific	ation)		
For fur	ther information concerning this matter, plo	ase 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 am	ount:			
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18	8 (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.

i. N	lame of the limited liability company: MM Village	Carver Phase	I, LLC			
2. (a)	Tabas & Soloff P A	(b) Tat	(b) Tabas & Soloff, P.A.			
2. (0,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of li	imited llability company: POST OFFICE BOX)		
	25 S.E. 2nd Ave., Suite 248	25 3	S.E. 2nd Ave., Sui	te 248		
	Miami, Florida 33131	Mia	mi, Florida 33131			
	8-17-05	L050	000081184			
3.	Date of filing/registration in Florida	4.	Document num	ber		
5. (a	Tabas & Soloff, P.A.					
<i>J.</i> (u	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:			
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)				
	14 NE 1st Ave., PH					
	Mlami,	_L 33132	•	PAGE 2 OF 2		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office address:		7 JUN 12		
	NEW Registered Office Address:			100		
	25 S.E. 2nd Ave., Suite 248					
	Miami, F	_L 33131		STALE LORIDA		
the chagent was/v	limited liability company is not organized under the liange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered liability compan of the limited li	office and the busines y, it is hereby confirm ability company or as y company. abas	ss office of the registered ned that the change(s) s otherwise provided in		
_	ature of a member or authorized representative of a member		Printed or typed n			
provi: the ob to me notific	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet in the statutes relative to the proper and complet of the statute of the statute of the address, the red in writing of this change	gree to act in thi re performance o led for in Chapte I hereby confirm	s capacity. I further of If my duties, and I am er 605, F.S. Or, if this that the limited liahi	agree to comply with the familiar with and accept s document is being filed lity company has been		
oignai	ure of Registered Agent		DF 06244			