## L01000019134

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
•	•	·			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
	cument Number)				
(50	cument Humber)				
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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## **COVER LETTER**

Division of	n Section Corporations				
Cove	entry Square Office, LLC				
SOBJECT.	Nam	ne of Limited Lia	bility Company		
Dear Sir or Madam	:				
The enclosed Regis	stered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.		
Please return all co	rrespondence concerning th	is matter to the fo	ollowing:		
Elliott M. Ross					
	Name of Person		_		
	Firm/Company				
50 Sandpiper R	d.				
	Address				
Tampa, FL 3360	9				
<u></u>	City/State and Zip Code		_		
elliott@255echo	mike.com				
E-mail addres	s: (to be used for future ann	ual report notific	ation)		
For further informa	tion concerning this matter,	please call:			
Elliott M. Ross		<b>727</b>	639-3800		
Na	me of Person	_ ·	Area Code & Daytime Telephone Number		
Registratio Division of Clifton Bui 2661 Exect	Corporations	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
<b>☑ \$25</b> Fili	ng Fee	<b>\$55</b>	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.

Na	Coventry Squ	are Off	ice, LLC	
(a)	50 Sandpiper Rd	(t	50 Sano	dpiper Rd.
(-)	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 33609		Tampa,	FL 33609
	11/06/2001		L010000	19134
	Date of filing/registration in Florida	4.		Document number
(a)				_
	Registered Agent and Registered Office shown on the records of Ross, Elliott M.	the Florida	Dept. of State	e:
	Registered Office Address  (MUST BE FLORIDA STREET A 4401 W. Kennedy Bvd., Suite 100	ADDRESS	<u>)</u>	-
	Tampa .FL	33609		•
	Ross, Elliott M	<b>'</b>		-
(b)	·	000		-
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>aress</u> :	
	Ross, Elliott M			_
	NEW Registered Office Address: 50 Sandpiper Rd.			
		<del></del>		-
	Tampa .FL	33609		
a aha	mited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or in the case of a Florida limited his authorized by an affirmative vote of the members of the organization or the organization of the	the reginability confirmation of the limited limited.	stered office ompany, it is sited liabilit siability con	and the husiness office of the registeres
Signat	ure of a member or authorized representative of a member		···	Printed or typed name of signee
ovisi e obl mere otified	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provide the reflection of my position as registered agent as provide the reflection of the registered office address, I in writing of this change.	ree to act perform d for in ( hereby c	in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

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