## L040000 70963

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## COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations
SUBJECT: BAHIA PROPERTY MANAGEMENT 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:
SACKIE FREY Name of Person
BAHIA PROPERTY MANAGENERY
ZCOZ N LOIS AVE SUITE 670 Address
TAMPA TL 33667 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TACKIE FIZE at (S13) 879-6708  Name of Person Area Code & Daytime Telephone Number
,
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section  Properties Registration Section  Division of Corporations  Properties Registration Section  Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
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. Na	me of the limited liability company: BAHIA PROPERTY NAWAGEMENT LLC
2. (a)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	SUITE 670SUITE 670
	TAMPA, FL 33607
	4/12/2004L 0400030963Date of filing/registration in Florida4.
3.	
5. · (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	SOUTE SAT
	TAMPA FL 33607
(b)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	ZOOZ N LOIS AVE
	NEW Registered Office Address:
	SUITE 640
	TAMPA .FL 3360)
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
1	ure of a member or authorized representative of a member    Printed or typed name of signee   Printed or typ
-	
provisi the obli- to mere	on accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I inverting of this change.
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent