(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

DEC 21 2009

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
Bivision of Corporations		
· · · · · · · · · · · · · · · · · · ·	nterprises, LLC	
Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Scott Nissensohn Name of Person	<del></del>	
Andrua Enterprises II C		
Andava Enterprises, LLC Firm/Company	<del></del>	
, ,		
3959 Van Dyke Road #220		
Address		
Lutz, FL 33558		
City/State and Zip Code		
•		
AndavaPropertyGroup@gmail.com  E-mail address: (to be used for future annual report notification		
E-mail address: (to be used for future annual report notification	n)	
For further information concerning this matter, plea	se call:	
Scott Nissensohn at (	813 ) 283-8096	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	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	unt:	
\$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 608.416 or 608.508, 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.

Name of the limited liability company:	Andava Enterprises, LLC	
2. (a) Principal office address of limited liability compa	nny:	
(Note: MUST BE STREET ADDRESS)	3959 Van Dyke Road #220 Lutz, FL 33558	
(b) Mailing address of limited liability company:	<u> </u>	
(Note: MAY BE POST OFFICE BOX)		
01/01/2005	L04000094134	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of Si	tate:
Registered Agent:	Scott Nissensohn	<del></del>
Registered Office Address:	4610 Mirabella Pl	
	Lutz, FL 33558	<u></u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :		CRETA ION OF
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3959 Van Dyke Rd #220	30
	Lutz ,Ft	<u>35<b>58</b>⊁:</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered attical. Or, in the case of a Florida lim (s) was/were authorized by an affirmat	l office ited ive vote
Scott Nissensohn		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my particle to the pant of the company of the c	l agree to act in this capacity. I further proper and complete performance of m position as registered agent as provide nerely reflect a change in the registere iny has been notified in writing of this	r agree to y duties, d for in d office change.

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