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SECRETARY OF STATE
TALL AMASSET FLORING



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tigers Development Group, L (Name of Limited	LC d 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 m	atter to the following:	
Corporation Company of Orlando	——————————————————————————————————————	
(Name of Person)	FORETARY LUAHASSE	
(Firm/Company)	Trans.	
300 South Orange Avenue, Suite 1000 ((WLG)	
(Address)	<i>₽</i> 11 6 .	
Orlando, Florida 32801		
(City/State and Zip Code)	,	
For further information concerning this matter, plea	ase call:	
William L. Grant at (4	423-3200	
(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 (8/05)

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.

April 6, 2005		L05000033605	
3. Date of filing/reg	istration in Florida	4. Document number	
5. The name of the re Florida Departmen	egistered agent and the registered of	office address as shown on the	records of the
•	James, Savko Esq.		IAI
	Nam Box 53671	e ·	- E 7 ,
	Addre	ess	APR AHA
	Orlando, Florida 32853		R-3 TAR) ASSI
	City, State	•	
6. The name and add	ress of the new registered agent ar	nd/or office:	AMII: I
	Corporation Company of	of Orlando	RIDE RIDE
	Name 300 South Orange Aven	ue Suite 1000 (WLC)	3
	Florida street address (P.O.	-	
	••		ı
	Orlando, FL City, State ar	32801 nd Zin	
confirmed that after that and the business office liability company, it of the members of the orthe operating agree	company is not organized under the change or changes are made, the ce of the registered agent will be it is hereby confirmed that the change the limited liability company or as cement of the limited liability company mithorized representative of a member)	he Florida street address of the dentical. Or, in the case of a I ge(s) was/were authorized by a otherwise provided in the artic	registered office Florida limited an affirmative vote
(Printed of typed name of s	ignee) Zevico	·	
I hereby accept the a comply with the provand I am familiar with Chapter 608, F.S. O address, I hereby con Sy: (Signature of Registered A	sppointment as registered agent an issions of all statutes relative to the hand accept the obligations of mr. if this document is being filed to the firm that the limited liability company. June 1976 President	nd agree to act in this capacity e proper and complete perform y position as registered agent merely reflect a change in the pany has been notified in writh CORPORATION COMPA	

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

INHS18 (8/05)