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S. WARREN JUN 1 3 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	MM Villa Patricia Phase II,	LLC			
	Na	me of Limit	ed Lial	oility Company	
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Of	fice Change	and fe	e(s) are submi	tted for filing.
Please	return all correspondence concerning t	his matter to	the fo	llowing:	
Joel l	Tabas				
	Name of Person			-	,
Taba	s & Soloff, P.A.				
	Firm/Company	······································		-	VENDOR # 7490065 HOT
25 SE	E 2nd Avenue, Suite 248			_	GL CODE: Q88 -00-63180.00 AMOUNT: \$25.00
	Address				PAGE 1 OF 2
Miam	i, Florida 33131				
	City/State and Zip Code			•	
jtabas	@tabassoloff.com				
Е	-mail address: (to be used for future an	nual report i	notifica	ition)	
For fur	ther information concerning this matter	, please call	l:		
Joel L	. Tabas	305 at (j,	375-8171	
	Name of Person		•	Area Code & E	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			Regis Divis P.O. I	LING ADDRI stration Section ion of Corpora Box 6327 hassec, Florida	tions
	Enclosed is a check for the following	g amount:			
	☑ \$25 Filing Fee	C	3 \$55	Filing Fee & C	errified 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.

i.	Na	me of the limited liability company:	MM Villa Patric	ia Ph	nase II	I, LLC	3	
2	(a)	Tabas & Soloff, P.A.		(b) Tabas & Soloff, P.A.				
	(-)	Principal office address of limited liz (Note: MUST BE STREET A		. (·,		Mailing address of limit (Note: MAY BE POS	
		25 S.E. 2nd Ave., Suite 248			25 8	S.E. 2	2nd Ave., Suite	248
		Miami, Florida 33131			Mia	mi, F	lorida 33131	
		8-17-05			L050	3000	31198	
3.		Date of filing/registration in	Florida	4.			Document number	•
5	(a)	Tabas & Soloff, P.A.						
•	()	Registered Agent and Registered Office show	vn on the records of the	Florid	a Dept. c	of State	::	
							•	
		Registered Office Address (MUST BE F.	LORIDA STREET AD	DRES	<u>S)</u>		•	
		14 NE 1st Ave., PH						CC 2 OF 2
		Miami,	, FL_3	3132)	·	•	PAGE 2 OF 2
		,	, r.L				•	三百 二
	(b)	Tabas & Soloff, P.A.						JUN 12 PM 12: 36 JUN 12 PM 12: 36 LANDASSEE, FLORID
		Enter name of NEW Registered Agent and/	or NEW Registered O	Mice ad	ldress:		•	
								112 PP
						·		지원 글 다
		NEW Registered Office Address:						100 P
		25 S.E. 2nd Ave., Suite 248					•	종등 36
								>
		Miami	, FL_3	3131				
the age	char ent w s/we	mited liability company is not organinge or changes are made, the Florida ill be identical. Or, in the case of a fre authorized by an affirmative vote coles of organization or the operating a	street address of the Torida limited liable of the members of t	e regi lity c he lin	istered (ompany nited lia	office y, it is ability	and the business of thereby confirmed company or as off	office of the registered that the change(s)
		m		Joe	el L. T	abas	3	
	-	ure of a member or authorized representative					Printed or typed name	-
pro the to r not	visio obli nere ified	y accept the appointment as register, ons of all statutes relative to the properties of all statutes relative to the properties of my position as registered of the registered of the writing of this change.	ed agent and agree er and complete pe agent as provided f office address, I her	to ac rform or in (reby c	t in this iance of Chapter onfirm	s capa of my a er 605, that t	ncity. I further agri luties, and I am fan F.S. Or, if this do the limited liability	ee to comply with the niliar with and accept ocument is being filed company has been
Sig	natur	e of Registered Agen						
		Division of Corpo	rations • P.O. Bo	x 632	7• Tall	lahass	see, FL 32314	

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