## L0600003955

| (Requestor's Name)<br>(Address)<br>(Address)<br>(City/State/Zip/Phone #)<br>PICK-UP WAIT MAIL                                     | 300299967483<br>Stat<br>Stat<br>Stat<br>Stat<br>Stat<br>Stat<br>Stat<br>Sta |
|---|---|
| (Business Entity Name)<br>(Document Number)<br>Certified Copies Certificates of Status<br>Special Instructions to Filing Officer. | DIVISION OF CORPORATION   |
| Office Use Only   | N. CAUSSEAUX<br>JUN 1 4 2017  |

Invoice # 985a170605

## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Village Allapattah Phase II, LLC

Dear Sir or Madam:

Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Joel L. Tabas

Name of Person

Tabas & Soloff, P.A.

Firm/Company

25 SE 2nd Avenue, Suite 248

Address

Miami, Florida 33131

City/State and Zip Code

jtabas@tabassoloff.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel L. Tabas

Name of Person

at (\_\_\_\_\_) 375-8171

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 amount:

2 \$25 Filing Fee

S55 Filing Fee & Certified Copy

INHS18 (2/14)

VENDOR # 7490065 HOT GL CODE: 085-00-63180.00 AMOUNT: \$25.00 PAGE 1 OF 2

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## 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.

| Name of the lin  | nited liability company: Village Alla   | apattah Ph   | 'hase II, LLC   |
|--|---|--|---|
| (a) Tabas & S  | Soloff, P.A.  |  | (b) Tabas & Soloff, P.A.  |
| Princi   | pul office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)    |  | Mailing address of limited liability company:<br>( <u>Note: MAY BE POST OFFICE BOX</u> )  |
| 25 S.E. 2  | 2nd Ave., Suite 248   |  | 25 S.E. 2nd Ave., Suite 248   |
| Miami, F   | lorida 33131  |  | Miami, Florida 33131  |
| 1-12-06  |   |  | L0600003955   |
| Da   | te of tiling/registration in Florida  | 4.   | Document number   |
| (a) Tabas &  | Soloff, P.A.  |  |   |
|  | ent and Registered Office shown on the records  | s of the Florida   | da Dept. of State.  |
| Registered O   | ffice Address (MUST BE FLORIDA STRE   | ET ADDRESS   |   |
| 14 NE 1  | st Ave., PH   |  |   |
| Miami,   |   | FL_33132   | 2 PAGE 2 QE 2 SE  |
| (b) Tabas & S  | Soloff, P.A.  |  | 12  |
|  | NEW Registered Agent and/or NEW Register  | red Office ad  |   |
| NEW Registe  | red Office Address:   |  | <b>5</b>  |
| 25 S.E. 2  | 2nd Ave., Suite 248   |  |   |
| Miami  |   | <sub>FL</sub> 33131  | 1   |
| change or change<br>ent will be identi<br>s/were authorize | ges are made, the Florida street address<br>cal. Or, in the case of a Florida limited | s of the regis<br>d liability co<br>rs of the lim<br>the limited l | the State of Florida, it is hereby confirmed that after<br>gistered office and the business office of the registered<br>company, it is hereby confirmed that the change(s)<br>mited liability company or as otherwise provided in<br>I liability company.<br>Del L. Tabas |
| gnature of a meinb   | er or authorized/representative of a member   |  | Printed or typed name of signee   |
|  |   | agree to act   | ct in this capacity. I further agree to comply with th  |

provisions of all statutes relative to the program and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has neen notified in writing of this change.

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

Signature of Registered Agent

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