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(Requestor's Name)							
(Address)							
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(Cit	y/State/Zip/Phone	≘ #)					
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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N. CAUSSEAUX JUN 1 4 2017

COVER LETTER

Invoice # 985b170605

TO:	Registration Section Division of Corporations						
SUBJE	MM Village Allapattah Phas	se II. LLC					
	Name of Limited Liability Company						
Dear Si	r or Madam;						
The enc	losed Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.				
Please r	eturn all correspondence concerning th	is matter to the fo	ollowing:				
Joel L	. Tabas						
	Name of Person		-				
Tabas & Soloff, P.A.			VENDOR # 7490065				
	Firm/Company		HOT GL CODE: 985 -00-63180.00				
25 SE	2nd Avenue, Suite 248		AMOUNT: \$25.00 PAGE 1 OF 2				
	Address		•				
Miami,	Florida 33131						
	City/State and Zip Code		•				
jtabas(@tabassoloff.com						
E-1	nail address: (to be used for future ann	uni report notifica	ation)				
For furth	er information concerning this matter.	please call.					
Joel L.	Tabas	305 ar (375-8171				
	Name of Person		Area Code & Daytime Telephone Number				
[[STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314				
i	Enclosed is a check for the following	closed is a check for the following amount:					
5	Z \$25 Filing Fee	© \$55	Filing Fee & Certified Copy				

INFIST8 (2.14)

STÅTEMENT 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.	Nai	me of the limited liability company:	MM Village All	apattal	Phase	II, LLC
2. (a)	Tabas & Soloff, P.A.		(b) Tabas & Soloff, P.A.		
<u> </u>	., -	Principal office address of limited liz (Note: MUST BE STREET A		_ (=)		Mailing address of limited limbility company: (Note: MAY BE POST OFFICE BOX)
		25 S.E. 2nd Ave., Suite 248			25 S.E.	2nd Ave., Suite 248
		Miami, Florida 33131		_	Miami,	Florida 33131
		1-12-06		ı	_060000	003956
3.		Date of filing/registration in	Florida	4.	J.,	Document number
5. (۱۵)	Tabas & Soloff, P.A.				
3. (Registered Agent and Registered Office show	on the records of th	e Florida	Dept. of Sta	te:
		Registered Office Address (MUST BE F	LORIDA ŞTREET AL	DDRESS)		_
		Miami,	.FL	33132		PAGE 2 OF 2 7
T'	o) ₋	Enter name of <u>NEW Registered Agent</u> and/	or <u>NEW Registered C</u>	ffice add	ress:	TECKE LAND CORPORATION OF CORPORATIO
		NEW Registered Office Address:				- A C
		25 S.E. 2nd Ave., Suite 248				- 1.8: 1.7
		Miami	, FL_	33131		→ 3
the dagen	har It w we	nge or changes are made, the Florida ill be identical. Or, in the case of a I	street address of t Florida limited liab of the members of	he regist oility cou the limi imited li	ered office npany, it ted liabili ability co	
- 310	canta	ire of a memoer or authorized representative	of a member	Joei	L. Taba	Printed or typed name of signee
I he prov the c to m notij	reb isid bli, ere lied	v accept the appointment as register	ed agent and agree	e to act erforma for in C rreby co	in this cap nce of niv hapter 60 nfirm thai	pacity. I further agree to comply with the duties, and I am fumiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
		<i>t</i>				