## L 06000073930

(Re	questor's Name)	
(Ad	dress)	
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`	·	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
/Pu	siness Entity Name	<u>~</u>
(bu	siness Entity Name	<del>2</del> )
(Do	cument Number)	
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SECRETARY OF STATE ALLAISASSEE, FLORIDA

S. WARREN 'JUN 1 3 2017

## COVER LETTER

Division of Corporations					
SUBJECT: Villa Patricia Phase III, LLC	-				
Name	of Limited L	iability Company			
Dear Sir or Madam:		·			
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the	following:			
Joel L. Tabas					
Name of Person		<del></del> .			
Tabas & Soloff, P.A.		VENDOR # 7490065			
Firm/Company	** <del>***********************************</del>	HOT GL CODE: <b>989</b> -00-63180.			
25 SE 2nd Avenue, Suite 248		AMOUNT: \$25.00 PAGE 1 OF 2			
Address					
Miami, Florida 33131					
City/State and Zip Code		<del></del>			
itabas@tabassoloff.com					
E-mail address: (to be used for future annu	al report notif	ication)			
For further information concerning this matter, p	lease call:				
Joel L. Tabas	305	375-8174			
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 a	imount:				
☑ \$25 Filing Fee	□ \$3	55 Filing Fee & Certified 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.

1. N	lame of the limited liability company: Villa F	Patricia Pha	se II	I, LLC		
2. (a)	Tabas & Soloff, P.A.		(b) Tabas & Soloff, P.A.			
()	Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS	, ,	(0)		Mailing address of limited liability 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	
	7-25-06		L	.060000	73930	
3.	Date of filing/registration in Florida	4.		· · · · · · · · · · · · · · · · · · ·	Document number	
5. (a	Tabas & Soloff, P.A.					
(-	Registered Agent and Registered Office shown on the	records of the Fi	orida I	Sept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA	STREET ADDE	(ESS)		_	
	14 NE 1st Ave., PH				_	
	Miaml,	, <sub>FL</sub> 331	32		· Tar	
		, r <i>u</i>		· · · · · · · ·	PAGE 2, OF 2	
(b)						77
	Enter name of NEW Registered Agent and/or NEW	Registered Offic	e addı	. <u>624</u> :	12 (SS)	
					VIEW DO THE WANTED	
•	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			PHIZ: OF STA E, FLOR	
	25 S.E. 2nd Ave., Suite 248				RIDA	
	Miami	, <sub>FL_</sub> 331	31		_	
the chagent was/w	limited liability company is not organized und ange or changes are made, the Florida street awill be identical. Or, in the case of a Florida lere authorized by an affirmative vote of the micles of organization or the operating agreeme	ddress of the r limited liabilit lembers of the ent of the limit	registe y con limit ted lia	ered offic ipany, it i ed liabilit ibility cor	e and the business office of the registe is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
<del></del>			Joel	L. Taba		_
I here provis the ob to mer notifie	the of a member of authorized representative of a member by accept the appointment as registered agentions of all statutes relative to the proper and cligations of my position as registered agent as reflect a change in the registered office and in writing of this change.  The of Registered Agent		act in ormar in Ch by con	n this cap ace of my apter 60. firm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and acc 5, F.S. Or, if this document is being fill the limited liability company has been	he ept ed
	<i>y</i> ,					