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TALLAHASSEE, FLORIDA

JUN 1 3 2017 Y SULKER

Invoice # 981.170605

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Village Carver Phase II, LLC

Name of Limited 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 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	305 375-8171
Name of Person	Area Code & Daytime Telephone Number
	RATING ADDRESS.

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

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

VENDOR # 7490065 HOT GL CODE: 981 -00-63180.00 AMOUNT: \$25.00 PAGE 1 OF 2

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: Village Ca	arver Phase	e II, LLC
2. (a)	Tabar & Saloff P A	(h)	D) Tabas & Soloff, P.A.
4 . (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		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
	8-1-06	I	L06000075877
3.	Date of filing/registration in Florida	4,	Document number
5. (a	∖ Tabas & Soloff, P.A.		
J. (a	Registered Agent and Registered Office shown on the record	ds of the Florida	a Dept. of State:
	Registered Office Address MUST BE FLORIDA STRI	ETADDRESS)	5)
	14 NE 1st Ave., PH		
	Miami,	, FL 33132	PAGE 2 OF 2
(b)	Tabas & Soloff, P.A.		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office add	
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	25 S.E. 2nd Ave., Suite 248		
	Miami	, _{FL} 33131	
the ch agent was/w	will be identical. Or, in the case of a Florida limite	ss of the regist ed liability cor ers of the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
		Joel	al L. Tabas
_	ature of a member or algebrized representative of a member		Printed or typed name of signee
попле	a in writing of this change.	l agree to act blete performa vided for in C s, I hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signat	ure of Registered Agont /		

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

INHS18 (2/14)

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