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K. SALY EXAMINER

JUN 2 2011

COVER LETTER

•	ion Section of Corporations				
SUBJECT: Bridges Model Villas TIC - Phelps, LLC Name of Limited Liability Company					
Dear Sir or Mad	am:				
The enclosed Re	gistered Agent/Registered C	office C	hange and feet	(s) are submitted for fil-	ina
			_	. ,	ing.
Please return all	correspondence concerning	this ma	itter to the follo	owing:	
	Stephanie Papoulis Name of Person				
	1				
	Senior Care Group, Inc.				
	Firm/Company				
1	240 Marbella Plaza Drive				
	Address				
	Tampa, FL 33619				
	City/State and Zip Code				
Spar E-mail address:	ooulis@seniorcaregroup.c (to be used for future annual report n	om otification	<u>)</u>		
For further infor	mation concerning this matt	er, pleas	se call:		
Step	hanie Papoulis	at (813)	341-2700	
Na	ame of Person	- \	Area Code	& Daytime Telephone Numbe	r
STREET	COURIER ADDRESS:		MAILING A	ADDRESS:	
Registration Section			Registration Section		
	of Corporations		Division of C	•	
Clifton Building 2661 Executive Center Circle			P.O. Box 632		
	ee, Florida 32301		rananassee,	Florida 32314	
Enclosed	is a check for the followin	g amou	ınt:		
✓ \$25 Fi	ling Fee	ļ	\$55 Filing	Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:Bridge	es Model Villas TIC -	Phelps, LLC	
2. (a) Principal office address of limited liability compa	ıny:		
(Note: MUST BE STREET ADDRESS)	1240 Marbella Plaza Tampa, FL 33619	Drive	
(b) Mailing address of limited liability company:		3	
(Note: MAY BE POST OFFICE BOX)	1240 Marbella Plaza Tampa, FL 33619	Drive State P	
06/11/2007	L070000	61232	
3. Date of filing/registration in Florida	4. Document number	D.M.	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept. of State:	
Registered Agent:	National Registered Agents, Inc.		
Registered Office Address:	P.O. Box 927 West Windsor, NJ 08550-0927		
<u>NEW</u> Registered Agent:<u>NEW</u> Registered Office Address:	David R. Vaughan 1240 Marbella Plaza Drive		
(MUST BE FLORIDA STREET ADDRESS)	Tampa	,FL33619	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of member	e laws of the State of Florida Florida street address of the	da, it is hereby le registered office Florida limited an affirmative vote cles of organization	
Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Of lif this document is being filed to had address, I hereby confirm that the limited liability compositions of Registered Agent	l agree to act in this capaci proper and complete perfor position as registered agen nerely reflect a change in to any has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office iting of this change.	

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