1207000108627

(Re	questor's Name	9)	
(Address)			
(Ad	dress)		_
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity N	ame)	
(Do	cument Numbe	ar)	
Certified Copies			_
Special Instructions to	Filing Officer:		
	•		

Office Use Only

G. MCLEOD

AUG - 3 2010

EXAMINER



800183419438

08/02/10--01052--015 **25.00

10 AUG -2 PH 2:42

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RAVENWOOD A	PACMENTS LLC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Wayne Felcher Name of Person	
RAVenulos a Agarmen	to LLC
8030 Old Kings Ro	Ad South-MANAgement office
JACKSONVILLE, FZ.	32217
Wayne Felcher P ADL E-mail address: (to be used for future annual report notification	COM
For further information concerning this matter, plea Wayne Felche at (954, 647-5921 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 amo	unt:
\$25 Filing Fee	\$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 60 liability company submits the following statement in agent, or both, in the State of Florida.	08.508, Florida Statutes, the undersigned limited order to change its registered office or registered
1. Name of the limited liability company: KAVen	wood ApATMents LLC
2. (a) Principal office address of limited liability com	• •
(Note: MUST BE STREET ADDRESS)	3030 Old Kings Rome South JA-CKSOAVILLE, FL. 32217
. •	JACKSONVITE, FL. 32217
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
10/26/07	L07000108627
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	ichAelson lear estate grap LLC
Registered Office Address:	12443 SAN Jose Blvd, #604
·	JACKSONVIlle, FL, 32223
(b) Enter name of NEW Registered Agent and/or	NEW Degistered Office address:
•	
NEW Registered Agent:	WAYNE FEICHER 8030 Old Kings ROAL South- off
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
. 104h - 1544 - 15hiller - command in mot accombood and on	JACKSONVIII-R ,FL 32217
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liab	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote to the batherwise provided in the articles of organization.
Printed or typed name of signec	—————————————————————————————————————
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	ind agree to act in this capacity. I further agree to the proper and complete performance of my duties, the position as registered agent as provided for in the merely reflect a change in the registered office to any has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Bo	