Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000351444 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Te:

Division of Corporations

Fax Number : (850:617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH

Account Number : L20160000081 : (407)839-4277 Phone

: (407)839-4264 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail Address:

LLC REGISTERED AGENT CHANGE CAVALIER MHP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

EXAMINER

Corporate Filing Menu

Help

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 89	me of the limited liability company: Cavalier MHF	LLC					
	2875 S. Orange Avenue	(b) 2875 S. Orange Avenue					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 500 #4080	\	Mailing address of limited liability company: (Sate: MAY BE POST OFFICE BOX) Suite 500 #4080				
	Orlando, FL 32806	_	Orlando	, FL 32806			
	01.17/2008		L0800000	06351			
3. 5. (a)	Date of filing/registration in Florida Broad and Cassel LLP	4.		Document number			
J. (11)	Registered Agent and Registered Office shawn on the records of the Florida Dept. of State 390 N. Orange Avenue, Suite 1400			c: 	مارچ	20	
		32801		TAHASSI A			
(3)	B&C Corporate Services of Central Florida, Enter name of NEW Registered Agent and/or NEW Registered 390 N. Orange Avenue, Suite 1400 NEW Registered Office Address:		ldress:	-	SEELFELORIBA	1 AM 10: 12	; ; {
	Orlando , FI	L_32801		-			,
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized a member or authorized representative of a member.	iability of of the line of timited	company, it	is hereby confirmed the ty company or as other mpany.	nat the chang rwise provid	2c(s)	
I here provis the oil to me notifie	sture of a member of authorized representative of a member of authorized representative of a member of authorized representative so the proper and complete of the proper	gree to a e perfori ed for in I hereby	ci in this cap nance of my Chapter 60 confirm thai			with the d accept ng filed been	•