Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

Email Address:

LLC REGISTERED AGENT CHANGE MILLENIA VILLAGE TAVERN, LLC

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Corporate Filing Menu

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COVER LETTER

	egistration Section ivision of Corporations		·	
SUBJECT	MILLENIA VILLAGB TAVBRN, LLC	;	·	
		of Limited Lia	bility Company	
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Registered Office	Change and fe	ee(s) are submitted for filing.	
Please retu	arn all correspondence concerning this r	natter to the fo	llowing:	
BILL BUIT	ENDORP			
	Name of Person	, ,	-	
VIL LAG E	TAVERN, INC.			
	Firm/Company		-	
102 REYNO	OLD Å VILLAG E			
	Address		•	
WINDON S	SALEM, NC 27106			
· <u>· -,</u>	City/State and Zip Code		-	
•	@villagetavem.com		_	
E-ma	il address: (to be used for future annual	report notifica	ation)	
For further	information concerning this matter, ple	ase call:		
Mackenzio I	Richardson	212 at (894-8743	
	Name of Person		Area Code & Daytime Telephone Number	
	REET/COURIER ADDRESS: gistration Section		LING ADDRESS: stration Section	
Div	vision of Corporations	orations Division of Corporations		
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
	SI Executive Center Circle Hahassee, Florida 32301	I alla	nassee, Piorida 32314	
	closed is a check for the following an	iount:		
	_		Dilina Vas & Castified Case	
124 .	\$25 Filing Fee	~ 3 33	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	ame of the limited liability company:	LLAGE TAVERI	N, LLC	
2. (a)	227 W NEW ENGLAND AVENUE	(b) 102 REYNOLDA VILLAGE		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE C		Mailing address of limited liability company: (Note: MATRE POST OFFICE ROX)	
	SUITEC	MIN	ISTON-SALEM NC 27106	
	WINTER PARK, FL 32789			
	08/08/2008	L0800	00076129	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
•. (w)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:	
	CORPORATION COMPANY OF ORLANDO		~ 2	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI	TAL SE	
	300 S ORANGE AVENUE SUITE 1000		ZUIS OCT	
	ORLANDO	L 32801	MISOCT -5 AMIO: 45 SEUTETNARY OF STATE TALLAHASSEE, FLORIDE	
			mi e m	
(b)	C T Corporation System			
•	Enter name of NEW Registered Agent and/or NEW Registers	d Office address:	A O. 45	
			ラ ア・ グ	
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation	L_33324		
the charagent w	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compan of the limited li a limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
	ure of a member or authorized representative of a member		Printed or typed name of signee	
By:	ny accept the appointment as registered agent and agents of all statutes relative to the proper and completing attoms of my position as registered agent as providity reflect a change in the registered office address, if in writing of the clambe. Petric Agent	gree to act in this e performance of ed for in Chapte I hereby confirm via Herrera Swar Istant Secretary	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been	