

L09000062226

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850) 617-6383

Please retain original filing  
date of submission 8/4

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  
M.H.A.B. FLORIDA PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Attn: Tammy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 5 2015

TALLAHASSEE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M.H.A.B. Florida Properties, 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:

\_\_\_\_\_  
Mariah Gonzalez

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Your Towne Law, P.A.

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
1720 S. Orange Avenue, Suite 302

\_\_\_\_\_  
Address

\_\_\_\_\_  
Orlando, Florida 32806

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
mgonzalez@yourtownelaw.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Mariah Gonzalez

\_\_\_\_\_  
407

\_\_\_\_\_  
602-7474

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

8/5/2015 1:46:01 PM From: To: 8506176383( 2/4 )  
850-617-8381 8/5/2015 7:41:09 AM PAGE 1/001 Fax Server



August 5, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

M.E.A.B. FLORIDA PROPERTIES LLC  
400 EAST COLONIAL DRIVE SUITE 1704  
1704  
ORLANDO, FL 32803

SUBJECT: M.E.A.B. FLORIDA PROPERTIES LLC  
REF: L09000062226

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 8/4

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please correct the registered agent and registered office information as it is now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

FAX Aud. #: H15000188219  
Letter Number: 515A00016406

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**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. Name of the limited liability company. M H A B. Florida Properties, LLC

2. (a) 1815 Meadowgold Lane, Winter Park, Florida 32792 (b) P.O. Box 530061, Orlando, Florida 32853  
Principal office address of limited liability company: Mailing address of limited liability company  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

07/24/2009 L09000062226

3. Date of filing/registration in Florida 4. Document number

5. (a) Theodora Uniken Venema  
Registered Agent and Registered Office shown on the records of the Florida Dept of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1815 Meadowgold Lane  
Winter Park FL 32792

(b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Theodora Uniken Venema  
Signature of a member or authorized representative of a member

Theodora Uniken Venema  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System

By: [Signature]  
Signature of Registered Agent

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

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