U12000034133

(Requestor's Name)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. BOSTICK

DEC 17 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TAVA Prop	aty Managenest UC f 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	g this matter to the following:
TRENT VAN ARKER	
TAVA ROPELLY Mag	enert LLC
7-29 Shore da. Address	12 DE 1
Roy to Beach FL 33 City/State and Zip Code	435 C IT PH
E-mail address: (to be used for future annual report	√ (notification)
For further information concerning this mat	
TRENT VAN Arkel Name of Person	at (<u>561</u>) <u>213</u> 2575 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	ing amount:
\$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 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:	TAVA Property Manage	ment LLC			
2. (a) Principal office address of limited li (Note: MUST BE STREET ADD)	ability company <i>RESS</i>)	729 Shore Dr. Boynton Beach, FL 33435	;		
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE)	company: <i>BOX</i>)	729 Shore Dr. Boynton Beach, FL 33435	j		
03/08/2012	_	L12000034133			
3. Date of filing/registration in Florida		4. Document num	ıber		
5. (a) Registered Agent and Registered O	ffice shown on t	he records of the F	Florida Dept.	of Sta	te:
Registered Agent:		UNITED STATES CORPO	DRATION AGENTS,	INC.	
Registered Office Address:		1302 WINDING OAK CT A TAMPA FL 33612 US	<u> </u>		
(b) Enter name of <u>NEW Registered Ag</u> <u>NEW</u> Registered Agent:	ent and/or NEV	V Registered Offi	ice address:	12 DEC	Th.
NEW Registered Office Address: (MUST BE FLORIDA STREET A	<u>DDRESS)</u>	650 SW 17th St. Boca Raton		FJE334	
If the limited liability company is not organ confirmed that after the change or changes a and the business office of the registered age liability company, it is hereby confirmed that the members of the limited liability compant the operating agreement of the limited liability compant the operation of a manual company with the provisions of all statutes reand I am familiar with and accept the obliging company with the provisions of all statutes reand I am familiar with and accept the obliging company that the limited liability of Registered agent.	are made, the Flent will be identiat the change(s) by or as otherwishlity company.	orida street addres cal. Or, in the cas was/were authorize provided in the a	ss of the Pegis se of a Florid zed by an affi articles of or	s hereb stered (a limit irmativ ganiza	y Office ed ve vote of tion or
Division of Corporation FI	is, P.O. Box 632 LING FEE: \$2	•	L 32314		