## L 12000037015

(Req	uestor's Name)	
(Address)		
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
NOV 2 7 2012		
S. TONER		

Office Use Only



800241790148

11/16/12--01004--020 \*\*25.00

12 NOV 16 M 9 02 SECRETARY OF STATE

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: 3007 MANHALLAN 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:
ANDrew H. Savill Name of Person
3007 MAN HATTAN LLC Firm/Company
4315 Sylvan RamBle
TAMPA FL 33609  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDrew H. Savill at (813) 281-4094  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  Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

25 Filing Fee

## 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:3aa'	7 MANHATTAN LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	43.15 Sylvan Ramble
03/15/2012	L12000037015
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:	Alberts AND corporations In
Registered Office Address:	300 FIFTH AVENUE SOU Suite 101-330
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  ANDrew H. SAVII
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4315 SYLVAN RAMBLE
	7AMPA ,FL 33609
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member Printed or typed name of signee  I hereby accept the appointment as registered agent and	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or y.
comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or/if this document is being filed to address I hereby confirm that the limited liability comp	proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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