## L120008969

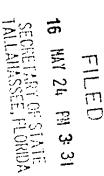
(Requestor's Name)				
(Address)				
(Address)  (City/State/Zip/Phone #)				
☐ PICK-UP	L WAII	MAIL		
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

Division of Corporations			
Cavner Family, LLC SUBJECT:			
	of Limited I	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change an	d fee(s) are submitted for filing.	•
Please return all correspondence concerning this	matter to the	e following:	
Susan Breid			
Name of Person		<del></del>	
Zappia & LeVahn, Ltd.			
Firm/Company		<del></del>	TA SI
941 Hillwind Rd NE, Suite 301			HAY ECRET/ LLAHA
Address		·	AY 24 STARY O
Fridley, MN 55432			_ pØ ₽ C
City/State and Zip Code		<del></del>	GRID.
hcavner@3mchampionship.com			» —
E-mail address: (to be used for future annua	l report not	ification)	
For further information concerning this matter, pl	lease call:		
Susan Breid	763	502-7131	
Name of Person	(	Area Code & Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314	
Enclosed is a check for the following a	mount:		
■ \$25 Filing Fee	<b>a</b> 9	\$55 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. Na	ame of the limited liability company: Cavner Fan	nily, LLC			
2. (a)	758 N. US Hwy One	(b)	<sub>(b)</sub> 758 N. US Hwy One		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- <b>-</b> -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Tequesta, FL 33469		Геquesta, FL 33469		
	6-29-2012	L <sup>1</sup>	12000086969		
3.	Date of filing/registration in Florida Hollis Cavner	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE) 6450 East Rogers Cir	T ADDRESS)	<u> </u>		
		33487	TAS 6		
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre	FILED  INAY 24 PN 3:31  CRETARY OF STATE LAHASSEE, FLORIDA		
	758 N. US Hwy One		E PE		
	NEW Registered Office Address:		ORIDA		
	Tequesta,	<sub>FL</sub> 33469			
he cha igent v vas/wo	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the member igles of organization or the operating agreement of the contract of the c	of the registe liability com s of the limite he limited lial	red office and the business office of the register pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.		
	ture of a member or authorized representative of a member	Hollis	Printed or typed name of signee		
I herei provisi the obl to mere notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address, and writing of this change.	igree to act in te performan ded for in Chi I hereby conj	this canacity. I further agree to comply with th		