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COVER LETTER

	istration Section ision of Corporations		
SUBJECT:			
	Na	me of Limited I	Liability Company
Dear Sir or i	Madam:		
The enclosed	d Registered Agent/Registered Of	ffice Change and	I fee(s) are submitted for filing.
Please return	n all correspondence concerning t	his matter to the	following:
Josephine Da	ito		
	Name of Person	·	
	Firm/Company		
501 North Me	organ Street, Suite 202		
	Address		_
Tampa, FL 33	3602		
	City/State and Zip Code		_
jeminvestmer	nts@aol.com		
E-mail	address: (to be used for future an	nual report notif	ication)
For further in	nformation concerning this matter	, please call:	
Josephine Dat	to	813 at (223-7849
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303
Encl	osed is a check for the following	; amount:	
■ \$2	5 Filing Fee	□ \$5	i5 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.

i.	Na	me of the limited liability company: Cove Bend Proper	nies. L	LC						
2.	(a)	501 North Morgan Street		(b)	501 North	Morgan Street				
_	,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited (Note: MAY BE POST			-	
		Suite 202			Suite 202					
		Tampa, FL 33602	_		Tampa, FI	. 33602				
		07/23/2012		I	_120000948	834				
3.		Date of filing/registration in Florida	- 4.	_	-	Document number			•	
5	(a)	Bruce S. Goldstein								
5. (a)	(11)	Registered Agent and Registered Office shown on the records of the 500 E. Kennedy Blvd.	he Flor	rida I	Dept. of State	- e:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 200				S. 2 1				
		Tampa . FL	33602	!				2020 JUL 27		
	(b)	Mac A. Greco III				L 27 TARY AHAS			712	
	,	Enter name of NEW Registered Agent and/or NEW Registered (Office	add	ress:	O)	E C	?		
		501 North Morgan Street				سا ند ش	IAIS	AM 11: 42	O	
		NEW Registered Office Address:				-	111	N		
		Suite 200				_				
		Tampa . FL_	33602			-				
age was the	inge int w s/we arri	mited liability company is not organized under the law, or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab record another or authorized representative of a member	registe bility (f the li imited	ered con imit d lia	l office and ipany, it is ed liability	I the business office of thereby confirmed the company or as other	of the at the rwise	regist chang provi	ered e(s)	
			o to a	i	u this cana	**	-		nide des	
pro the to n not	obli nere ified	by accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I held in writing of this change	e 10 a perfori for in ereby	nar mar i Cli con	i this capa ice of my a papter 605, firm that t	ictiv. I further agree luties, and I am famil, F.S. Or, if this docu he limited liability co	to co iar w ment mpar	mpty v ith and is bei ny has	vith the d accept ng filed been	

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