L12000160380

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2013 MAR -8 AM IO: 52
SECRETARY OF STATE

MAR 11 2013 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: TIARA CONDO 36, 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:

CHRIS HEINE

Name of Person

C. H. CONSULTING, INC.

Firm/Company

2765 LAKE DRIVE

Address

RIVIERA BEACH, FL 33404

City/State and Zip Code

HEINE0728@AOL.COM

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

For further information concerning this matter, please call:

VALERIE TARPLEE

,,,561 \ 968-360*5*

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

2019 MAR -8 AM ID: S

INHS18 (5/08)

'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.	Nam	ne of the limited liability company:	TIARA CONDO 36, LLC			
2.	(a)	Principal office address of limited I	iability company:	2765 LAKE DRIVE		
		(1.000. 11.001.02.011.001.110.0	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	RIVIERA BEACH, FL 33404		
	(b)	Mailing address of limited liability (Note: MAY BE POST OFFICE		2765 LAKE DRIVE		
		THUE. MAIL BET OST OFFICE	<u>DUA</u>)	RIVIERA BEACH, FL 33404		
DE	CEMBE	R 26, 2012		L12000160380		
3.	Date	of filing/registration in Florida		1. Document number		
5.	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:		ROBERT B COOK	7. 201	
		Registered Office Address:		17 BAY HARBOR ROAD	ECHAR PH	<u> </u>
				TEQUESTA, FL 33469	\$ \frac{1}{2} \fra	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address?						
		NEW Registered Agent:		C. H. CONSULTING, INC.	STATE ORID	
		NEW Registered Office Address: (MUST BE FLORIDA STREET)	ADDRESS)	2765 LAKE DRIVE	> -	
[MOST DE LEGRIDA STREET ADDRESS]			IDDRESS)	RIVIERA BEACH	,FL 33404	
co an lia th th	nfirn d the ability e mei e ope	mited liability company is not organed that after the change or changes business office of the registered agy company, it is hereby confirmed the business of the limited liability comparating agreement of the limited liability comparating agreement of the limited liability of a member or authorized representative of a	are made, the Florent will be identified the change(s) any or as otherwise illity company.	orida street address of cal. Or, in the case of	f the registered f a Florida limi	office ted
_	inted o	or typed name of signee		-		
I co ar Ci ad	herel mply d I a hapte ldres.	by accept the appointment as registe with the provisions of all statules in in familiar with and accept the obli ir 608, F.S. Or, if this document is s. I hereby confirm that the limited	ered agent and as relative to the pro gations of my pos heing filed to men liability company	gree to act in this cap per and complete per sition as registered ag ely reflect a change i has been notified in	acity. I further formance of m gent as provide n the registered writing of this o	agree to y duties, d for in d office change.

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

Signature of Registered Agent