43000034450

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Danisto Linity Hame)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Filling Officer				
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

D. BRUCE DEC 20 2016

COVER LETTER

Division of Corporations			
Stevens Titusville Property L	LC		
	e of Limited Liability Compa	ny	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	e Change and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this	matter to the following:		
Michael B. Stevens			
Name of Person			
Derrevere Stevens Black & Cozad			
Firm/Company		2016 TALL	
2005 Vista Parkway, Suite 210		2016 DEC 19 SECRETARY TALLAHASSE	アートロ
Address		NRY SSEE	
West Palm Beach, FL 33411		BECRETARY OF STATE ALLAHASSEE. FLORIDA	C
City/State and Zip Code		אונ. אונוטא	
kleal@derreverelaw.com			
E-mail address: (to be used for future ann	ial report notification)		
For further information concerning this matter,	please call:		
Michael B. Stevens	561 684-322	2	
Name of Person		& Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Flor	tion orations	
Enclosed is a check for the following	amount:		
■ \$25 Filing Fee	□ \$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.

Na	me of the limited liability company: Stevens Titus	sville P	roperty LLC
(a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2005 Vista Parkway, Suite 210	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) P.O. Box 1999
	West Palm Beach, FL 33411		Jupiter, FL 33469
	3/6/2013		L13000034450
•	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of Michael B. Stevens Registered Office Address (MUST BE FLORIDA STREET)		·
	1420 Ocean Way, Apt. 12A Jupiter	33477	
(b) _	Theodore A. Stevens	,	ECK LLAI
	Enter name of NEW Registered Agent and/or NEW Registered Derrevere Stevens Black & Cozad	Office a	SEE.
	NEW Registered Office Address:		P P P P P P P P P P P P P P P P P P P
	2005 Vista Parkway, Suite 210		IDA IDA
	West Palm Beach	33411	
char nt w s/wei	mited liability company is not organized under the law inge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of the operating agreement of the	ws of the regability cof the linited	e State of Florida, it is hereby confirmed that after istered office and the business office of the registe ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided is
	are of a member or authorized representative of a member	1411	Maei D. Glevella

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this charge.

Signature of Registred Agent