## L13000042798

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Cashiosa Chin) (Carrio)						
(Document Number)						
Certified Copies Certificates of Status						
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2016 OCT 28 PM 3: 22 SECRETARY OF STATE

K. SALY OCT 3 1 2016

## - COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	Division of Corporations					
SUBJECT:	RIZZETTA-CHAPEL CREEK PROPERTIES, LLC					
50202011	Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	d Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning this	matter to the fol	lowing:			
WILLIAM .	J. RIZZETTA					
	Name of Person					
RIZZETTA	A & COMPANY, INC.					
	Firm/Company					
3434 COL	WELL AVE., SUITE 200					
	Address					
TAMPA, F	L 33614					
	City/State and Zip Code					
brizzetta@	)rizzetta.com					
E-mail address: (to be used for future annual report notification)						
For further is	nformation concerning this matter, p	lease call:				
WILLIAM .	J. RIZZETTA	813	514-0400			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations con Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
<b>2</b> \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

## 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	me of the limited liability company: RIZZETT	A-CHAPEL	CREEK	PROPERTIES, LLC	
2. (a)		(b			
( )	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  3434 COLWELL AVE., SUITE 200		
	3434 COLWELL AVE., SUITE 200				
	TAMPA, FL 33614		TAMPA, FL 33614		
	03/21/2013		L130000	)42798	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the recor	ds of the Florida	Dept. of Sta	ite:	
	RIZZETTA, WILLIAM				
	Registered Office Address (MUST BE FLORIDA STR	<u> </u>	<del></del>		
	3434 COLWELL AVE., SUITE 200			5.0 8	
	TAMPA	, FL_33614		FIL ( 2016 DET 28 SECRETARY FALLAHASSI	
(b)				CT 28 PM:	
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	stered Office ad	dress:		
	RIZZETTA & COMPANY, INC.			3: 22 STATE FLORID	
	NEW Registered Office Address:			<del>-</del> >	
	3434 COLWELL AVE., SUITE 200			_	
	TAMPA	, <sub>FL</sub> 33614		_	
Signa:  I hereiprovisithe oblito merci	imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membricles of organization or the operating agreement of a member or authorized episterialized agent and complete the appointment as registered agent and complete the proper and complete the p	ess of the regined liability copers of the limited lim	stered offic ompany, it nited liabili liability co LLIAM J.	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.  RIZZETTA  Printed or typed name of signee	

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