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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	T&E DEVELOPERS LLC			
.,		ne of Limited I	iability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the	: following:	
CARL	_A E TREVISAN			
	Name of Person			
	Firn/Company		 .	
488 N	IE 18TH ST UNIT 1915			
	Address	<u></u>		
MIAM	II, FLORIDA, 33132			
	City/State and Zip Code			
CARL	AETREVISAN@HOTMAIL.COM			
Е	-mail address: (to be used for future ann	ual report noti	fication)	
For fur	ther information concerning this matter,	please call:		
CARL	A E TREVISAN	609 at (_	651 5788	
	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	Ro Di P.	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	
INHS18	5 (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	ime of the limited liability company: T&E DEVELO	OPERS LLC	
2. (a)	12628 WHITE CORAL DR	(b) 12628	WHITE CORAL DR
£. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WELLINGTON, FL, 33414	WELLI	INGTON, FL, 33414
	09/12/2013	L13000	129055
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LUCIANO M TREVISAN		2)
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Si	tate:
	12628 WHITE CORAL DR		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	WELLINGTON	L ³³⁴¹⁴	
	, F	L,	·o
(b)	CARLA E TREVISAN		
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	_
	CARLA E TREVISAN		
	NEW Registered Office Address:		
	488 NE 18TH ST UNIT 1915		
			
	MIAMI	_L 33132	
the cha agent v was/w the art	imited liability company is not organized under the lainge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization of the operating agreement of the	aws of the State of the registered off liability company, i of the limited liability'c	fice and the business office of the register it is hereby confirmed that the change(s) ility company or as otherwise provided in
Signa	nure of a momber or authorized representative of a member	- COCIATO I	Printed or typed name of signee
I here provisa the ob- to mer notifie	by accept the appointment as registered agent and assions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. It is writing of this change.	e performance of m 'ed for in Chapter 6	ny duties, and Lam Jamiliar with and acc 505. F.SOr, if this document is being fil