114000063842

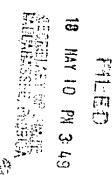
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip	b/Phone #)				
PICK-UP W	AIT MAIL				
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
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04/23/18--01033--035 **258.00



O SIMMONS MAY 1 4 2018



April 26, 2018

KEVIN ROSS-ANDINO, ESQ 2180 W STATE RD 434 STE 2100 LONGWOOD, FL 32779

SUBJECT: HAVEN HOLDINGS OF CENTRAL FLORIDA, LLC

Ref. Number: L14000063842

We have received your document for HAVEN HOLDINGS OF CENTRAL FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ecomplete secrion 5(a) of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 018A00008633

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations					
SUBJECT:	Haven Holdings of Central Florida, LLC					
	Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the	ne following:			
Kevin K. F	Ross-Andino, Esquire					
	Name of Person					
eclat law L	LP .					
	Firm/Company	····				
2180 W. S	state Road 434 Ste 2100					
	Address					
Longwood	l, Florida 32779					
	City/State and Zip Code					
kevin.ross	@eclatlaw.com					
E-mail	address: (to be used for future ann	ual report no	tification)			
For further in	nformation concerning this matter,	please call:				
Kevin K. R	oss-Andino	407	636-7004			
	Name of Person	\	Area Code & Daytime Telephone Number			
Regi Divi: Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301] ! !	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
Encl	osed is a check for the following	amount:				
2 \$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	ame of the limited liability company: Haven Holding	gs of C	entral Flo	rida, LLC
2. (a)	•	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	850 SEMINOLE WOODS BLVD		850 SEM	MINOLE WOODS BLVD
	GENEVA, FL 32732	_		A, FL 32732
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4/17/2014		L1400006	3842
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Jamie Hodges			
()	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	:
	Registered Office Address(MUST BE FLORIDA STREET A	DDRESS)	
	850 Seminole Woods E	3)vd		
	Genous	マク	732	
	, FL	ےد	_ /	E T
(b)				N TO P
()	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
	Kevin K. Ross			
	NEW Registered Office Address:			<i>₩</i> 5
	2180 W. State Road 434, Suite 2100			
	Longwood	32779-	5009	
If the li	imited liability company is not organized under the law	s of the	State of Flo	rida it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of	the regis	stered office	and the business office of the registered
	vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of			
	cles of organization or the operating agreement of the	limited I	iability com	pany.
	lin C Cort	Kev	in K. Ross	
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igation s of my positi on as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change.	ee to act performe I for in C ereby co	in this capa ance of my a Chapter 605, onfirm that t	ncity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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

Signature of Registered Agent