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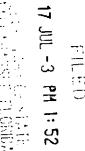
(Requestor's Name)					
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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(2.1					
(Document Number)					
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S. WARREN
'JUL 0 6 2017



June 29, 2017

ATTORNEYS AT LAW

100 NORTH IAMPA STREET, SUITE 2700 IAMPA, FL 33602:5810 P.O. 80X 3391 IAMPA, FL 33601:3391 S13.229.2300 FEL B13.221.4210 FAX foley.com

WRITER'S DIRECT LINE 313.225.4188 (daoud@foley.com EMAIL

CHENT/MATTER NUMBER 091260 0102

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Statement of Change of Registered Agent for Limited Liability

Company

Dear Sir/Madam:

Enclosed please find Statements of Change of Registered Agent for the following Florida entities:

- 1. EV Key West, LLC
- 2. 711 Love Lane, LLC
- 3. 718 Love Lane, LLC
- 4. 516 William Street, LLC
- 5. 512 William Street, LLC

I have also enclosed a check in the amount of \$125.00 to cover the filing fees. If you have any questions, or need any additional information, please do not hesitate to contact me.

Sincerely.

Donna L. Cincotta Legal Assistant

DLC Enclosures

## COVER LETTER

TO: Registration Sect Division of Corpo						
SUBJECT: EV KEY V	VEST, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered	Agent/Registered Off	ice Change an	d fee(s) are submitted for filing			
			_			
Please return all correspo	idence concerning in	is matter to the	e following:			
Jamil G. Daoud, Esq.						
N	lame of Person					
Foley & Lardner LLP						
	irm/Company		<del></del>			
100 N. Tampa Street	<u>.</u>	. <u>.</u>	<u> </u>			
	Address					
Tampa, FL 33602						
Cîty/	State and Zip Code					
emvance1@comcast	net					
E-mail address: (to b	e used for future ann	ual report noti	fication)			
For further information ed	ncerning this matter,	please call;				
Jamil G. Daoud, Esq.		813 at (	229-2300			
Name of I	Person		Area Code & Daytime Telep	phone Number		
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori	on rations enter Circle	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		□ s	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.

1.	Name of the limited liability company: EV KEY WE	EST, LLC	
2. (a	)	(b)	
,	Principal office address of limited liability company:  ( <u>Note: MUST BE STREET ADDRESS</u> )	(0)_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	516 William Street	5	16 William Street
	Key West, FL 33040	K	ey West, FL 33040
	04/22/2014	L1	4000065667
3.	Date of filing/registration in Florida	4.	Document number
5. (a	1)		
	Registered Agent and Registered Office shown on the records DAOUD, JAMIL G, ESQ.	of the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	17
	100 North Tampa Street, Suite 2700		ي ر
	Tampa	33602	7 JUL -3 PH
	Tampa	FL 00002	
(b	)		
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addres	
	F & L CORP.		5
	NEW Registered Office Address:		
	One Independent Drive, Suite 1300		
	Jacksonville, i-	<sub>1.</sub> 32202	
agent was/v the ar	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized of a member of authorized representative of a member	of the registere liability comps of the limited liability liabilit	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.  Amil G. Daoud  Printed or typed name of signee
provi. the ol to me notific	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed lightions of my position as registered agent as provided rely reflect a change in the registered office address, and in writing of this change.  When the content of	gree to act in i le performance led for in Cha I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept ofer 605, F.S. Or, if this document is being filed rm that the limited liability company has been