

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





300316459943

09/08/18--01010--039 ++35.00

alizho Os

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divisio	on of Corporations						
SUBJECT: _	CT: East Eleventh, LLC						
	Name of Limited Liability Company						
Dear Sir or Ma	dam:						
The enclosed R	egistered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.					
Please return al	l correspondence concerning this matt	er to the following:					
Loralyn Hu	utchens, CLM						
	Name of Person						
	Name of Ferson						
Beytin, McL	aughlin, McLaughlin, O'Hara, I	Kinman & Bocchino					
	Firm/Company	,					
1706 Eas	t Eleventh Avenue						
	Address	:					
Tampa, F	L 33605						
	City/State and Zip Code						
llh@law	-fla.com						
E-mail add	dress: (to be used for future annual rep	port notification)					
For further info	rmation concerning this matter, please	call:					
Loralyn Huto	chens, CLM at (813 , 226-3000					
	Name of Person	Area Code & Daytime Telephone Number					
	T/COURIER ADDRESS:	MAILING ADDRESS: Registration Section					
Division	of Corporations	Division of Corporations					
	Building	P.O. Box 6327					
	secutive Center Circle ssee, Florida 32301	Tallahassee, Florida 32314					
Enclose	Enclosed is a check for the following amount:						
설 \$25 F	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.

l. Na	me of the limited liability company:	h, LLC			
2. (a)	1706 East Eleventh Avenue (b) 1706			East Eleventh Avenue	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	Tampa, Florida 33605		Tampa,	Florida 33605	
	1/25/16		L160000	17154	
	Date of filing/registration in Florida	_ _{4.}		Document number	
	Benjamin A. Hannah	٦.		bocument number	
. (a)	Registered Agent and Registered Office shown on the records o	f the Flor	ida Dept. of Sta		
	1706 East Eleventh Avenue				
	Registered Office Address (MUST BE FLORIDA STREET	<u>SS)</u>	.		
				-	
	Tampa	, 3360)5	 1	
	, r	L		- 1	
(b)	Kevin T. O'Hara				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	address:		
	1063 Maitland Center Commons Boulevard	d			
	NEW Registered Office Address:	,	• • •		
				_	
	Maitland , F	L_327)1 	_	
he cha ligent v vas/we he arti Signa I herei provisi he oblo o mere	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the operating agreement of the lange of a member or authorized representative of a member oby accept the appointment as registered agent and agents of all statutes relative to the proper and completing in the registered agent as provided by reflect a change in the registered office address, in	of the reliability of the le limite	gistered offic company, it imited liabili d liability co lindy McLa	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Ughlin Printed or typed name of signee Descript I further agree to comply with the	
notified L	d in writing of this change				