L16000046852

	<u></u>		
(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Dc	ocument Number)		
Certified Copies		of Status	
Special Instructions to	Filing Officer		

Office Use Only



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> SECRETARY OF STATE ALLAHASSEE, FLORIDA

JUL 26 A II:

D BRUCE

	COVER LETTER	
TO: Registration Section Division of Corporations		
5351 GREEN VELVET COU	URT, LLC	
	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Emily Smith	1	
Name of Person		
Paracorp Incorporated	'	201 SE
Firm/Company		TJUL CALERA
PO Box 160568		LAHASSEE, J
Address		
Sacramento, CA 95816		GRID.
City/State and Zip Code	1	TAL SIL
	1	
E-mail address: (to be used for future ann	nual report notification)	L 24 ASS
For further information concerning this matter,	, please call:	
Emily Smith	888 280.6563	II: 52
Name of Person	at ()Area Code & Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
☑ \$25 Filing Fee	☐ \$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.

l. Na	ame of the limited liability company:	N VELVE	T COURT, LLC		
2. (a)		(b)			
2, (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	189 S ORANGE AVE STYE 970		189 S ORANGE AVE STYE 970		
	ORLANDO, FL 32801	·	ORLANDO, FL 32801		
	03/08/2016		L16000046852		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a)	B & C CORPORATE SERVICES OF CEN	TRAL FLO	DRIDA		
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	D. C. Communication of	TARRES			
	Registered Office Address <u>(MUST BE FLORIDA STREE</u>) 390 NORTH ORANGE AVE STE 1400	<u>1 2(DDRE33)</u>			
		 .			
	ORLANDO, i	_{PL} 32801			
(h)	Paracorp Incorporated				
	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	ress:		
	155 Office Plaza Drive, 1st Floor		2017 JUL SECRETA ALLAHAS		
	NEW Registered Office Address:		SSEEY C		
		· · · · · · · · · · · · · · · · · · ·			
	Tallahassee	FL323	ORIO TE S		
the cha agent v was/we the arti Signa I here provisi the obli to mere notified	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and completing of all statutes relative to the proper and completing of my position as registered agent as proving the reflect a change in the registered office address. Milton Vong, Assistant Sector of Registered Agent	of the regis liability co s of the lim he limited l agree to act de perform ded for in C I hereby co	State of Florida, it is hereby confirmed that after tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. Printed or typed name of signee in this capacity. I further agree to comply with the		