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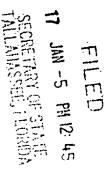
(Requestor's Name)						
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D. SCOTT

JAN 6 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2016

PATRICE A TEDESCO, ESQ. 1055 S FEDERAL HWY HOLLYWOOD, FL 33020

SUBJECT: TULU AVENTURA, LLC

Ref. Number: L16000096034

2017 JAN -5 PH L

We have received your document for TULU AVENTURA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott Regulatory Specialist II

Letter Number: 116A00026777

FILLED

SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations				
TULU AVENTURA, LLC SUBJECT:				
	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matt	ter to the following:			
Patrice A. Tedescko, Esq.				
Name of Person				
Myron E. Siegel, P.A.				
Firm/Company				
1055 S. Federal Hwy				
Address	<u> </u>	17		
Hollywood, FL 33020	LORE MARKET	当而		
City/State and Zip Code		FILED WE 45		
patrice@siegelaw.com		宝 岩		
E-mail address: (to be used for future annual re	port notification)	Ü		
For further information concerning this matter, please	e call:	· 5		
Patrice A. Tedescko	954 703-1653			
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amou	unt:			
☑ \$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.

1. Na	nne of the limited liability company:	ENTURA,	LLC	
2. (a)		(b)	
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3250 NE 188TH STREET 707		3250 NE	E 188TH STREET 707
	AVENTURA, FL 33180		AVENT	URA, FL 33180
	05/16/2016		L1600009	96034
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Myron E. Siegel			
J. (u)	Registered Agent and Registered Office shown on the record	ls of the Florid	la Dept. of State	- c:
	Registered Office Address (MUST BE FLORIDA STRE		<u>s)</u>	-
	Hallandale Beach	, _{FL} 33009	 }	-
(b)	Myron E. Siegel Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> . Myron E. Siegel, P.A.	ered Office ac	idress:	-
	NEW Registered Office Address:			三 三
	1055 S. Federal Hwy			多。
	Hollywood	, _{FL} 33020)	TILED NO.
the cha agent was we the arti- Signa I here provisi the obli	imited liability company is not organized under the singe or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite eye authorized by an affirmative vote of the member class of organization or the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and tons of all statutes relative to the proper and complications of any position as registered agent as proved y reflect a change in the registered office addressed in writing of this change.	es of the reg ed liability c ers of the lin the limited	istered office company, it is nited liability diability con ATKICE	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in an appany. Printed or typed name of signee activ. I further agree to comply with the

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

Signature of Registered Agent