## M08000003119

| ·                                       |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Requestor's Name)                      |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (======, ====,                          |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

Special Instructions to Filing Officer:

L. SELLERS

OCT 24 2011

**EXAMINER** 

Office Use Only



200213489802

10/21/11--01021--021 \*\*55.00

11 OCT 21 PM 4: 28
SECRETARY OF STATE
TALL A HASSEF, FLORIO

## **COVER LETTER**

| TO: Registration Section Division of Corporations    |   |                                     |   |   |  |
|--|---|-------------------------------------|---|---|--|
| SUBJ   | ECT:  |                                     | LLC/ Managed Christine nited Liability Company  |   |  |
|  |   | rumo or Bin                         | and Diability Company   |   |  |
| Dear S   | Sir or Madam:   |                                     |   |   |  |
| The er   | nclosed Registered Agent  | /Registered Offi                    | ice Change and fee(s) are submitted for filing.   |   |  |
| Please   | e return all correspondenc  | e concerning thi                    | is matter to the following:   |   |  |
|  | Karla L   |                                     |   |   |  |
|  | Name of Pe  | rson                                |   |   |  |
| Arena Plaza LLC                                      |   |                                     |   |   |  |
|  | Firm/Comp   | any                                 |   |   |  |
| 31878 Del Obispo Street Ste 118-326 Address          |   |                                     |   |   |  |
| San Juan Capistrano CA 92675 City/State and Zip Code |   |                                     |   |   |  |
| E-   | kallovio@ya   | nhoo.com<br>re annual report notifi | ication)  |   |  |
| For fu   | rther information concerr   | ning this matter,                   | please call:  |   |  |
|  | Karla Llovio  | at                                  | ut ( 949 ) 903-3948   |   |  |
|  | Name of Person  |                                     | Area Code & Daytime Telephone Number  | _ |  |
|  | STREET/COURIER AD<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Cir<br>Tallahassee, Florida 3230 | rele                                | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |   |  |
|  | Enclosed is a check for   | amount:                             |   |   |  |
|  | \$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 608.416 or 608.508, 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                        | ne of the limited liability company:  | Arena Plaza LLC  |              |
|------------------|---------------------------|---|--|--------------|
| 2.               | (a)                       | Principal office address of limited liability company   | 3434 W. Columbus Drive   |              |
|                  |                           | (Note: MUST BE STREET ADDRESS)  | Tampa Florida 33607  |              |
|                  | (b)                       | Mailing address of limited liability company:   | Arena Plaza LLC  | _            |
|                  |                           | (Note: MAY BE POST OFFICE BOX)  | 31878 Del Obispo Street Ste118-326   | <del></del>  |
| _                |                           |   | San Juan Capistrano CA 92675   |              |
| 3.               | Dat                       | e of filing/registration in Florida   | 4. Document number   |              |
| 5.               | (a)                       | Registered Agent and Registered Office shown on the   | he records of the Florida Dept. of State:  |              |
|                  |                           | Registered Agent:   | Christine Managed  | _            |
|                  |                           | Registered Office Address:  | 3248 N 31ST Ave  |              |
|                  |                           | · ·   | Light House Point  | _            |
|                  |                           |   | Florida 33064  |              |
|                  | (b)                       | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>   | V Registered Office address:   |              |
|                  |                           | NEW Registered Agent:   | Angel Guerra   | _            |
|                  |                           | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 2801 Queen Alberta Drive   | _            |
|                  |                           |   | Valrico ,FL33596   |              |
| an lia of or Sig | nfirrid the ibility the i | imited liability company is not organized under the later that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwoperating agreement of the limited liability company.  Karla Llovio  To typed name of signee  To y accept the appointment as registered agent and agent with the provisions of all statutes relative to the province of the significant with and accept the obligations of my positive to the province of the significant is being filed to mer to the province of the significant that the limited liability company of the significant is significant. | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of office call. | ٦'<br>-<br>- |
| Si               | znatur                    | e of Registered Agent   |  |              |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00