MIIDOCCOOLISI

(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:			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Elo Landmark at Savoy Square Hanagement CLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

- Mayalaniels Name of Person
Landmark Respokential
3505 E Frontage Rd #150
Tampa FC 33(00) City/State and Zip Code
Mancle Clandmark residential, com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maya Daniels at (813) 281-907

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 amount:

△ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

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.

1. Name of the limited liability company:	Amarkat Savay Squar Haragement UC
2. (a) Principal office address of limited liability compan	$\sim 1 0$
(Note: MUST BE STREET ADDRESS)	805 Parkuby #4 JUDITEC FC 33447
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	3505E Frontage Rd 400
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CTCorporation
Registered Office Address:	1200 Strekband Rd
	Plantation FL 33324
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Elco Landmark Residential
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Managementale Rd # 150 Tampa PL 33607
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Floridarhmisod was/were authorized by an affirmative vote when the articles of organization is a street of the control of the articles of the control o
Printed or typed name of signee	ATE SO
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my participater 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company C T Corporation System	agree to act in this capacity. I further agree to oper and complete performance of my duties, operion as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	227 Tallahassaa El 22214
Division of Corporations, P.O. Box 63	ozi, tahanassee, fl. ozot4

FILING FEE: \$25.00

INHS18 (05/08)

By: