

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
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TALLAHASSIF FINIS

D. BRUCE
JAN 0 9 2012
EXAMINER

~ · ·),	COVER LETTER								
, T	TO: Registration Section Division of Corporations								
S	SUBJECT: Ekolandmark at Unple Glon Wanagement CLC Name of Limited Liability Company								
Ι	Dear Sir or Madam:								
7	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:									
-	Ма	ya	Danie	ame of Person					
-	La	w	MYLK Fi	RIGOR rm/Company	ntial				
2	5505	3 <u>E</u>	E From	tage Ro) #150				
_	Ta	wt	O F	Late and Zip Code	<u>a</u>			12 J	
7	WAGE-mai	l addr	ess: (to be use	MM(K)	esident, report notification)	al.com		N-5	
F	or furth	er in:	formation	concerning thi	s matter, please	call:		04 SH	
_	Mo	40	Name of Per	iels_	at (<u></u>		SPOT Daytime Telephone Nu	imber	
	R D C 26	egistr ivisio lifton 661 E	ET/COURI ration Section on of Corpo a Building Executive Co assee, Florid	rations enter Circle	S:	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flor	ction porations		
	Enclosed is a check for the following amount:								

☐ \$55 Filing Fee & Certified Copy

△ \$25 Filing Fee

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 limite	d liability company: Elochan	dmark at Maple Glen Hanagement U
2. (a) Principal office	e address of limited liability compar	y: <u> </u>
(Note: MUS	T BE STREET ADDRESS)	SOSPARKDAY 44 Sopiter FL 33447
(b) Mailing address	ss of limited liability company:	
(Note: MAY	BE POST OFFICE BOX)	3505 E Frontage Rd #150 Tampa FC 38607
3. Date of filing/regis	stration in Florida	<u>M 110000 1675</u> 4. Document number
5. (a) Registered Ag	ent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Ag		CT Corporation
Registered Off	fice Address:	1200 Sphelbland Rd
		Plantation FL 33324
(b) Enter name of	NEW Registered Agent and/or NE	W Registered Office address:
<u>NEW</u> Register	red Agent:	Elos Landmark Kieschental Maroxinental
<u>NEW</u> Register (MUST BE F	red Office Address: LORIDA STREET ADDRESS)	3500 E Frontage Rd *150 Tampa FL \$3000
confirmed that after the and the business office liability company, it is of the members of the or the operating agree Signature of a member or autor of the printed or typed name of signature of a member of signature of the province o	the change or changes are made, the Ise of the registered agent will be idented that the change(something in the limited liability company or as other ment of the limited liability company or as other ment of the limited liability company or as other ment of the limited liability company or as other ment of the limited liability company of the property of the prop	laws of the State of Florida, it is hereby florida street address of the registered office atical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote rwise provided in the articles of organization by. Aggree to act in this capacity. For the agree to roper and complete performance of my duties, osition as registered agent as provided for in early reflect a change in the registered office my has been notified in writing of this change.
	ision of Corporations, P.O. Box 63	327, Tallahassee, FL 32314
	, ,	

FILING FEE: \$25.00