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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: TIMBER FALLS TAMPA, L.L.C.

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:

TIMOTHY J. BRADLEY

Name of Person

BRADLEY & MOREAU

Firm/Company

1318 CAMELLIA BOULEVARD

Address

LAFAYETTE, LA 70508

City/State and Zip Code

tim@realtitle.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy J. Bradley

_{at} (33/

235-4660

Name of Person

Area Code & Daytime Telephone Numbe

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

• 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: TIMBER FALLS TAMPA	, L.L.C.		
 (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) 	103 ROSEDALE DRIVE LAFAYETTE, LA 70508-9104		<u> </u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME		
January 25, 2012	M12000000499		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida I	Dept. of State:	
Registered Agent:	ROBERT GRIFFITS		
Registered Office Address:	5217 81ST ST. N #10 ST. PETERSBURG, FL 33709	2013 DCT 17 SEURLILIEN FALLATIASS	
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office addr	L4.1	
NEW Registered Agent:	IVONNE ROSADO	S :	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8609 POSTWOOD CIRCLE	20 09	
(MOST DE TEORIDA BIREET ADDRESS)	TAMPA	,FL_33614	
If the limited liability company is not organized under the land that after the change or changes are made, the Fland the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the cal. Or, in the case of a F was/were authorized by a	registered offic lorida limited n affirmative ve	ote of
RICHARD PAUL BEAULLIEU Printed or typed name of signee	-		
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my pochapter 608, F.S. Orl if this document is being filed to meaddress, I hereby comfirm that the limited liability company Signature of Bocklered Agent	gree to act in this capacity per and complete perform sition as registered agent of ely reflect a change in the has been notified in writi). I further agn nance of my dul as provided for registered offi ng of this chan	ee to ties, tin ice ge.
Division of Corporations, P.O. Box 63:	27, Tallahassee, FL 3231	14	

FILING FEE: \$25.00

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