M12000004483

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NAR 15 2017

STATÉMENT 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	ame of the limited liability company: Bravotampa,	LLC			
2. (a)	4220 Edison Lakes Parkway	(b) 42	(b) 4220 Edison Lakes Parkway		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	_	lailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	Mishawaka, IN 46545	<u>Mi</u>	Mishawaka, IN 46545		
	August 8, 2012	 M1:	2000004483		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CT Corporation				
. (-)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	ot. of State:		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)			
	1200 South Pine Island Road				
	Plantation	33324			
(b)	Daniel B. Fitzpatrick Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address	 §		
	NEW Registered Office Address:				
	3018 U.S. Highway 301 N., Suite 100		5-1		
	Tampa, FI	33619	2017 MAI	77	
the cha agent v was/we	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registere iability compa of the limited e limited liabil	ed office and the business office any, it is hereby confirmed that I liability company or as other	of the registered	
Signa	nture of a member or authorized representative of a member		Printed or typed name of sig		
provisi the obli to mer notific	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	ree to act in ti performance od for in Chap hereby confir	this capacity. I further agree to e of my duties, and I am familian oter 605, F.S. Or, if this docum rm that the limited liability com	comply with the with and accept ent is being filed pany has been	
Cikitatu	fre of Registered Agent Daniel B. Fitzpatrick				
	Division of Cornerations P.O.	Box 6327 • T	allahassee, KL 32314		

FILING FEE: \$25.00