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Special Instructions to Filing Officer:	FILED BINISION PILLED				
Office Use Only					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2017

£,

JAMES MILLER TWO URBAN CENTER 4890 W KENNEDY BLVD,#240 TAMPA, FL 33609

SUBJECT: RESERVE AT MANDARIN LLC Ref. Number: M16000003152

We have received your document for RESERVE AT MANDARIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 817A00020343

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COVER LETTER

TO: Registration Section Division of Corporations

ECT: RESERVE AT MANDARIN LLC

SUBJECT:

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:

James G. Miller

Name of Person

ELRH Investments, Inc.

Firm/Company

Two Urban Center, 4890 W. Kennedy Blvd., #240

Address

Tampa, Florida 33609

City/State and Zip Code

Jmiller@elrhinvestments.com

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

For further information concerning this matter, please call:

Alan G. Kipnis, Esquire	954 713-7612				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee. Florida 32301					
Enclosed is a check for the following am	iount:				
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT 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.

I. N	ame of the limited liability company:	MAI		_C		
2. (a)			(b)			
(_)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liab (Note: MAY BE POST OF		•
	11911 US HIGHWAY 1, SUITE 214		11911 Լ	JS HIGHWAY 1, SUI	FE 214	
	NORTH PALM BEACH, FL 33408	_	NORTH	I PALM BEACH, FL 3	33408	
	04/15/16		M160000	003152		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	KRISTI KING				17. OCT 23 F	
J. (a)	Registered Agent and Registered Office shown on the records of the	e Flori	ida Dept. of Stat		DCT	
	Robbins Property Associates				23	5 1
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>			
	4890 W KENNEDY BLVD., SUITE 240				1	
	TAMPA	3360	9	_	, H	
(b)	JAMES G. MILLER					
(0)	Enter name of NEW Registered Agent and/or NEW Registered ()ffice a	ıddress:	-		
	ELRH INVESTMENTS, INC.					1
	NEW Registered Office Address:					
	Two Urban Center, 4890 W KENNEDY BLVE)., SI	JITE 240	-		1
	TAMPA , FL	3609	€	-		
the cha agent v was/we	imited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he reg oility o the li	sistered office company, it i mited liabilit	e and the business office of s hereby confirmed that the y company or as otherwis	of the regine change	istered (s)
				Finted or typed name of sign		'
-	ture of a member or authorized representative of a member		_	· · · · · · · · · · · · · · · · · · ·		ł
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p librations of my position as registered agent as provided ely refeet a change in the registered office address. I he d'in viring of this change.	e to a erfori for in ereby	ct in this cap mance of my Chapter 605 confirm that	acity. I further agree to c duties, and I am familiar 5, F.S. Or, if this documer the limited liability compo	omply wil with and a nt is being any has bi	th the accept ffiled een
Signatu	re of registered Agent					
1	Division of Corporations• P.O. Bo	ox 632	7• Tallahas	see, FL 32314		
<i>V</i>	FILING FE					
NHS18 (2/	(14)					1