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	Division of Cor	porations			
	Fax Number	: (850)617-6383			
From:			'	Č	
	Account Name	: C T CORPORATION SYSTEM		E	
	Account Number	: FCA000000023	,	1	
	Phone	: (614)280-3338	÷	$\overline{\sim}$	- I
	Fax Number	: (954)208-0845			1
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*Enter the email address for this business entity to be used for future			- <u>-</u>		
ann	ual report maili	ngs. Enter only one email address please.**		<u> </u>	
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## LLC REGISTERED AGENT CHANGE RESERVE AT MANDARIN LLC

Certificate of Status	0
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Page Count	02
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19542080845 From Ranae McGraw

## 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.

a)		(b)				
/ .	Principal office address of limited liability company: (Note: MUST DE STREET ADDRESS)		(b)			
	No change	···-	nmge		-	
	04/15/2016		00003152		-	
	Date of filing/registration in Florida	4.	Document number		-	
[H)	James G Miller					
	Registered Agent and Registered Office shown on the records of	the Florida Dept. (	of State:			
	4890 W. Kennedy Bouldevard					
	Registered Office Address MUST BE FLORIDA STREET.	<u>ADDRESS)</u>				
	Suite 240			19		
	Tampa, FL			·:· _		
	<u></u>			; _		
b)	C T Corporation System			~ ~		
	Eater name of NEW Registered Agent and/or NEW Registered	Office address:				
	1200 South Pine Island Road					
	NEW Registered Office Address.		**	5 5		
	Suite 250			·. •		
	Plantation FI	33324				
chi nt '	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. One in the case of a Florida limited li ere authorized by chaffirmative vote of the members icles of organization or the operating agreement of the	f the registered ability compared of the limited 1	office and the business offi iy, it is hereby confirmed the iability company or as other ty company.	at the change(s)	d	
(JI)	iture of a membring authorized representative of a member	<u></u>	Printed or typed name of	•		
72	thy accept the appointment as registered agent and ag items of all privates relative to the proper and complete ligations than position as registered agent as provid- rely reflect a change in the registered office address, i ed in writing of this change.	ree 19 act in th	is capacity. I further agree	to comply with th	e .	
ris	tions of all to tutes relative to the proper and complete	e performance	of my duties, and I am famil	uar wiin ana acce	) d	

By: Signature of Registered Agent Assistant Secretary

Division of Corporations• P.O. Box 6327• Tallabassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

11012 - 6-23/2617 William Kitover Calux