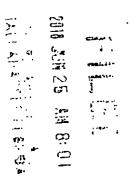
## M1700000 3828

Office Use Only



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J. HARRIG

## COVER LETTER

TO: Registration Section

Divi	ision of Corporations					
SUBJECT:	Reva Kay Tampa IBC 1 MT, LLC					
agnara, r.	Name of Limited Liability Company					
Dear Sir or 1	Madam:					
The enclosed	d Registered Agent/Registered Office	: Change and f	ec(s) are submitted for filing.			
Please return	n all correspondence concerning this	matter to the fo	ollowing:			
Chris Sore	ensen					
	Name of Person		_			
Sorensen	Entity Services LLC					
	Firm/Company		···			
12430 Sp	ring Run Rd					
<del></del>	Address		_			
Chesterfie	eld, VA 23832					
	City/State and Zip Code		<del></del>			
_	rensenes.com					
E-mail	address: (to be used for future annua	il report notific	cation)			
For further i	information concerning this matter, pl	lease call:				
Chris Sore	ensen	302	245-3994			
	Name of Person		Area Code & Daytime Telephone Numbe			
Registration Section Division of Corporations Clifton Building		Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	closed is a check for the following a	mount;				
☑ \$	25 Filing Fee	<b>(1)</b> \$5:	5 Filing Fee & Certified Copy			
INHS18 (2/1	4)					

## 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

I. Na	me of the limited liability company: Reva Kay Ta	ampa IBC	1 MT, L	LC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5540 FALMOUTH STREET, SUITE 302	5540 FA		LMOUTH STREET, SUITE 302
	RICHMOND, VA 23230	F	RICHMO	OND, VA 23230
	10/17/2017	М	170000	08828
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
J. (u)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	f the Florida De	ept. of State	· ::
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_
				2
	TALLAHASSEE	L 32301		2018 Comman
		L	_	D. Et
(b)	InCorp Services, Inc.			G Park
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			三 五 [7]
	17888 67th Court North			8: 0 8: 0
	NEW Registered Office Address:			_
	Loxahatchee , F	L 33470		
the cha agent v was/v	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe liability com of the limite	red office pany, it is d liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	- / llin	Chris	Sorens	en - authorized representative
_	iture of a plember of authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	gree to act in e performan led for in Che I hereby conj	this cape ce of my capter 605 firm that	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is heing filed the limited liability company has been
-d	enjord			
Signatu	the of Registered Agent Ken Sand	ler on behalf of	InCorp Sen	vices, Inc.
	Division of Cornerations P O	Box 6327e	Tallahas	see. FL 32314

FILING FEE: \$25.00