A09 000 000 152

(Re	equestor's Name)	
(Ad	dress)	
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,	,	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
(Business Entity Name)		
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Certified Copies	_ Certificates	s of Status
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2021 OCT 29 PM 2: 00 860R613-RY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: TGB-PD FAMILY LIMITED PART	TNERSHIP III	
2020		p or Limited Liability Limited Partnership	
DOC	UMENT NUMBER: A08000000152		
	nclosed Statement of Change of Regis are submitted for filing.	stered Office and/or Registered Agent and	
Please	e return all correspondence concerning	g this matter to:	
Meliss	sia K. Gauthreaux		
•	Contact Person		
Accou	enting Resources and Management Services		
	Firm/Company		
P.O. B	3ox 2065		
	Address		
Duned	lin. FL 34697		
	City, State and Zip Code		
missy(@youraccountingresource.com		
Е	-mail address: (to be used for future annual re	eport notification)	
For fu	urther information concerning this matt	tter, please call:	
Meliss	ia K. Gauthreaux	31 (727) 491-5360	
	Name of Contact Person	_at (
Enclo	sed is a \$35.00 check made payable to	o the Florida Department of State.	
	ng Address:	Street Address:	
	tration Section	Registration Section	
	ion of Corporations	Division of Corporations	
	Box 6327	The Centre of Tallahassee	
Tallah	Tallahassee, FL 32314 2415 N. Monroe Street, Su		
		Tallahassee, FL 32303	

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

_L TGB-PD FA	MILY LIMITED PARTNERSHIP III			
Na	me of Limited Partnership or Limited Liability Limited Partner	ship		
2.02/14/2008	3. A0800000152			
Date of filing	registration in Florida Florida docu	ment number		
4. The name of the re Department of State:	gistered agent and the registered office address as shown on th	e records of the Florida		
	Accounting Resources and Management Services LLC			
	Name	-		
	31105 US Highway 19 N			
	Address	-		
	Palm Harbor, FL 34684			
	City. State and Zip	-		
5. The name and Florida street address of the new registered agent and/or office:				
	Name	-		
	34921 US Hwy 19 N Ste 210	202 SE TAL		
	Florida street address (P.O. Box not acceptable)			
	Palm Harbor _FL 34684	31 2 E		
6. Such change(s) is/	City, State and Zip are effective when tiled by the Florida Department of State.	APPROVED AND FILED 2021 OCT 29 PM 2: 00 SEGRELARY OF STATE FALL AHASSEE, FLORING		
Signature of General	Partner	₹ ^{₹7} O		
comply with the provi	ppointment as registered agent and agree to act in this capacity stons of all statutes relative to the proper and complete perform an accept the obligations of my position as registered agent ed Agent			

Filing Fee: \$35.00 Certified Copy (optional): \$52.50