

A080000000152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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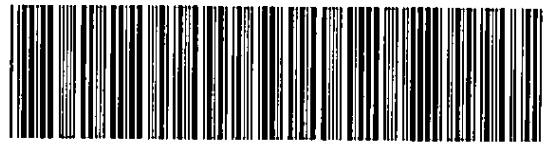
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TGB-PD Family Limited Partnership III  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A08000000152

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Charles A. Carlson, Esq.  
\_\_\_\_\_  
Contact Person  
Older, Lundy, Koch & Martino  
\_\_\_\_\_  
Firm/Company  
1000 W. Cass Street  
\_\_\_\_\_  
Address  
Tampa, Florida 33606  
\_\_\_\_\_  
City, State and Zip Code  
ccarlson@olalaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:  
Charles A. Carlson, Esq. at ( 813 ) 254-8998  
\_\_\_\_\_  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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.

1. TGB-PD Family Limited Partnership III

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/14/2008

Date of filing/registration in Florida

3. A08000000152

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Accounting Resources and Management

Name

34921 US HWY 19 N, STE. 210

Address

PALM HARBOR, FL 34684

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Charles A. Carlson, Esq.

Name

1000 W. Cass Street

Florida street address (P.O. Box not acceptable)

Tampa, FL 33606

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

*[Signature]*

Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Charles A. Carlson*

Signature of Registered Agent

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

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