

L15000121910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 DEC 30 PM 3:46
19 DEC 30 13:54:42

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UCC Filing & Search Services, Inc.
 1574 Village Square Boulevard, Suite 100
 Tallahassee, Florida 32309
 (850) 681-6528

HOLD
 FOR PICKUP BY
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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

615 000 121910

TCM PEO IV, LLC

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non Profit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of RA Officer/Director |
| <input checked="" type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Reports |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |
| <input type="checkbox"/> | Reinstatement |

| REGISTRATION/QUALIFICATION | |
|----------------------------|-------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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.

1. Name of the limited liability company: TCM PEO IV, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

3350 Buschwood Park Drive, Suite 200
Tampa, FL 33618

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

6407 Parkland Drive
Sarasota, FL 34243

3. 07/21/2015
 Date of filing/registration in Florida

4. L15000121910
 Document number

5. (a) Corporation Service Company
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Tallahassee, FL 32301

(b) NRAI Services, Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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 TALLAHASSEE, FL
 STATE OF FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Peter C. Grabowski, Manager

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: NRAI Services, Inc.
Ed Hand, Asst. Sec.
 Signature of Registered Agent