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To:			į
Divisi	on of Corporati	ons	
Fax Nu	ımber : (850	)617-6383	
			:
From:			:
Accoun	it Name : REGI	STERED AGENT SOLUTIONS IN	C
Accoun	t Number : I201	00000062	-
Phone	: (888	705-7274	
Fax Nu	•	796-7274	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE TLE AT CLEARWATER, LLC

Certificate of Status	0
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COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: TLE at Clearwater				
Name	of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Zachan, Venic				
Zachary Ysais				
Name of Person				
Registered Agent Solutions, Inc.				
Firm/Company	<del></del>			
1701 Directors Blvd, Suite 300				
Address				
Austin, TX 78744				
City/State and Zip Code	······································			
E-mail address: (to be used for future annu-	al report notification)			
For further information concerning this matter, p	lease call:			
Zachary Ysais	888 705-7274			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

## 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. N	lame of the limited liability company:	learwater,	
!. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	10/6/2015	L15	5000170001
3,	Date of filing/registration in Florida	4.	Document number
. ,	CORPORATION SERVICE COI	MPANY	
. (a	Registered Agent and Registered Office shown on the records		of State:
	1201 HAYS STREET	·	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<del></del>
	0		
	TALLAHASSEE	<sub>FL</sub> 32301	
	TALLAHAJJEE	FL_32301	: : :
/ <b>L</b> . 1	Registered Agent Solutions, Inc.		Ċ
(b)	Enter name of NEW Registered Agent and/or NEW Register		TN 12
	155 Office Plaza Dr.		<u> </u>
	NEW Registered Office Address:		<u>ن</u> ت
	Suite A		
	Tallahassee	<sub>FL</sub> 32301	
the chagent was/v the ar	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	of the registered lliability compars of the limited l he limited liabili	d office and the business office of the register by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
	Richard Weissman	Richard	Weissman Manager Printed or typed name of signee
I her provi the oc to me	reby accept the appointment as registered agent and a sions of all statutes relative to the proper and complete billings of my position as registered agent as provingly reflect a change in the registered office address, and in writing of this change.  Mackenzie Hart, Asst. Secretary	agree to act in th ele performance ded for in Chapt I hereby confin	is capacity. I further agree to camply with t