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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654

Phone

: (813)273-4229

Fax Number

: (813)273-4396

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

Email Address: FLARTAMPAQMACFAR. COM

25

LLC REGISTERED AGENT CHANGE **TEAL & BROWN LLC**

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APR 29 2021

M. SOLOMON

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Teal & Brown, LLC Name o	f Limited Liab	ility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee	e(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the fol	lowing:
James W. Goodwin, III		_
Name of Person		
Macfarlane Ferguson & McMullen, P.A.		
Firm/Company		-
201 N Franklin Street, Suite 2000		
Address		-
Tampa, FL 33602		
City/State and Zip Code	,	-
flartampa@macfar.com		
E-mail address: (to be used for future annual	report notifica	ation)
For further information concerning this matter, ple	ase call:	
Alex Litt	904 at (613-1515
Name of Person	at (Area Code & Daytime Telephone Number
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
Enclosed is a check for the following at	nount:	
■ \$25 Filing Fee	☐ S55	Filing Fee & Certified Copy
INHS18 (2/14)		

(((H210001705943)))

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.

	ame of the limited liability company:	own, LLC	
(a)		(b)	
, (M)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3351 Buchanan St		ISI Buchanaπ St
	San Francisco, CA 94123		un Francisco, CA 94123
	4/14/2021	L2:	· 00016900 9
	Date of filing/registration in Florida	4.	Document number
(a)			
	Registered Agent and Registered Office shown on the reco CT Corporation System Registered Office Address (MUST BE FLORIDA STR 1200 South Pine Island Road		ox. of State:
	1200 South Fine (Statio Road	_	
	Plantation	_, FL_33324	er (
			·
(b) _			
	Enter name of NEW Registered Agent and or NEW Regi	stered Office address	<u> </u>
	James W. Goodwin, III		9 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :
	NEW Registered Office Address:		
	NEW Registered Office Address: 201 N Franklin Street, Suite 2000		
	201 N Franklin Street, Suite 2000		· ·
	201 N Franklin Street, Suite 2000	_, FL_ ³³⁶⁰²	·
ne lin nge c nt wi	201 N Franklin Street, Suite 2000 Tampa	ne laws of the Stat of the registered of ed liability compa ers of the limited of the limited liabil	ny, it is hereby confirmed that the change(s)
he lininge ont wis/wer articl	Tampa mited liability company is not organized under the changes are made, the Florida street address of libe identical. Or, in the case of a Florida limite a authorized by an affirmative vote of the membles of organization or the operating agreement of the case of a Florida.	ne laws of the Stat If the registered of ed liability compa ers of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
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FILING FEE: \$25.00