

L2 000282405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

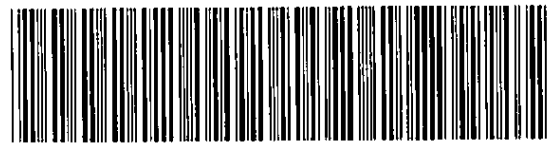
(Business Entity Name)

(Document Number)

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2024 JUL 12 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.R. Sharp Consulting LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Timothy Sharp

Name of Person

T.R. Sharp Consulting LLC

Firm/Company

809 W Coral St

Address

Tampa, FL 33602

City/State and Zip Code

reed@trsconsultingllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Sharp

410)

463-2963

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6527
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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: T.R. Sharp Consulting LLC

2. (a) T.R. Sharp Consulting LLC (b) T.R. Sharp Consulting LLC

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

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

809 W Coral St

809 W Coral St

Tampa, FL 33602

Tampa, FL 33602

6/17/2021

L21000282405

3. Date of filing/registration in Florida

4. Document number

5. (a) Timothy Sharp
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4955 Asbury View Dr

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Unit 302

Tampa, FL 33619

(b) Timothy Sharp
Enter name of NEW Registered Agent and/or NEW Registered Office address:

809 W Coral St

NEW Registered Office Address:

Tampa, FL 33602

2021 JUL 12 PM 3:16
 SECRETARY OF STATE
 TALLAHASSEE, FL

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.

Timothy Reed Sharp
Signature of a member or authorized representative of a member

Timothy Reed Sharp
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.

Timothy Reed Sharp
Signature of Registered Agent