(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/02/202	21	<i>⇔WALK I</i> N••
ENTITY NAME_	TRG UPTOWN TOWNHOMES, LLC	
DOCUMENT NU	MBER_ L21000410535	
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DE	ESTINATION	
NUMBER OF CER	RTIFICATES REQUESTED	
TOTAL OWED_	\$25.00 ACCOUNT #: I201600000	072

COVER LETTER

Division of Corporations	
SUBJECT: TRG UPTOWN TOWNH	OMES LLC
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Brad C	
Name of Person	
Harbor Compliance	
Firm/Company	
1830 Colonial Village Lane	
Address	
Lancaster, PA 17601	
City/State and Zip Code	
corporate@harborcomplian E-mail address: (to be used for future annu	
For further information concerning this matter,	please call:
Brad C	at (717) 210-5263
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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 limit	ed fiability company: TRG	UPTOWN TO	WNHOMES L	<u>LC</u>
_{2. (a)} 401 E. Jac	kson St 3300	(b) 7521 F	Paula Dr.	
Principal s	office address of limited liability compact: MUST RE STREET ADDRESS)	any:	Mailing address of limited ha (Nate: MAY BE POST O	bility company; FFICE BOX)
3300		#26008	85	
Tampa, F	L 33602	Tampa,	FL 33685	
09/16/2021		L21000	410535	
3. Date o	f filing/registration in Florida	4,	Document number	
5. (a) MARMA, DY	/LAN			
	and Registered Office shown on the rec	cords of the Florida Dept, of Stat	te:	20
5429 GIN	GER COVE DRIVE			
Registered Office	Address (MUST BE FLORIDA ST	FREET ADDRESS)	_	2021 EFC
APT C				-2
TAMPA		, FL 33634	_	
(0)	d Agents Inc. W Registered Agent and/or NEW Re	gistered Office address:	· -	8: 5 ⁺
7901 4th	St N			
NEW Registered	Office Address:		_	
STE 300			_	
St. Peters	sburg	. FL 33702	_	
the change or changes agent will be identiful was/were authorized b the articles of organiza	company is not organized under are made, the Florida street add. Or, in the case of a Florida lin y an affirmative vote of the mention or the operating agreement	lress of the registered officinited liability company, it in the limited liability contents of the liability of the lia	e and the business offices hereby confirmed that by company or as otherw upany.	of the registere the change(s) ise provided in
' ' ' '	authorized representalive of a member		Printed or typed name of sig	•
provisions of all statut the obligations of my to to merely reflect a cha natified in writing of the	Bill Havre - As	mplete performance of my	duties, and I am familia	r with and acce
Signature of Registered Ag	ent			