## L21000513217

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

	ition Section n of Corporations						
SUBJECT: Ty							
	Name of Limited Liability Company						
Dear Sir or Mad	am:						
The enclosed Re	egistered Agent/Registered Offi	ce Change	and fe	ee(s) are submitted for filing.			
Please return all	correspondence concerning thi	s matter to	the fo	ollowing:			
Jack Rifenbark							
	Name of Person			-			
Cochise Capitol,	LLC				2022		
	Firm/Company	-		_	STUDIES CO		
1803 Pontius Ave	,						
_	Address			<del>-</del>	•		
Los Angeles, CA	90025						
	City/State and Zip Code			_			
jr@cochisecap.co	om						
E-mail add	dress: (to be used for future annual	ual report r	notific	ation)			
For further infor	mation concerning this matter,	please call	:				
Jack Rifenbark		310 at (		444-4221			
	Name of Person	\		Area Code & Daytime Telepl	hone 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				
Enclose	d 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. Na	ame of the limited liability company: Tyler Pacific VI-	Mahalo, LLC	
2. (a)	1803 Pontius Ave, LA CA 90025	(b)	
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	12/03/2021		00513217
3.	Date of filing/registration in Florida	<u> </u>	Document number
	National Registered Agents Inc.		
5. (a)	Registered Agent and Registered Office shown on the records of	of State:	
	1200 S Pine Island Road		
	Registered Office Address	1003 ETR 25	
	Plantation, FI	33329	<del></del>
	NRAI Services, Inc.		11 နှင့် မြောင်း (၂) နှင့်
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	<del></del>
			·
	NEW Registered Office Address:		<del></del>
	1200 South Pine Island Road		
	Plantation, FI	33324	
the cha agent was/w was/w the art Signa I here provise the object oner	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members ides of organization or the operating agreement of the street of a member by occupie the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I all myriting of this change.  C T Corporation System	f the registered iability compan of the limited li ibility in the line i	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in by company.  Printed or typed name of signee is capacity. I further agree to comply with the
	ire of Registered Agent		