

720482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

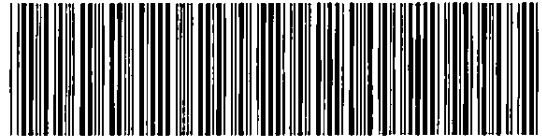
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAMARAC BY-THE-GULF, INC.
Name of Corporation

DOCUMENT NUMBER: 720482

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randi Rabin

Name of Contact Person

Rabin Parker Gurley, P.A.

Firm/Company

2653 McCormick Drive

Address

Clearwater, FL 33759

City/State and Zip Code

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

For further information concerning this matter, please call:

Randi Rabin

Name of Contact Person

at (727) 475-5535

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: TAMARAC BY-THE-GULF, INC.
2. The principal office address: 9099 141 STREET NORTH
SEMINOLE, FLORIDA 33776
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: 720482
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

DELOACH, HOFSTRA & CAVONIS, P.A.

8640 SEMINOLE BOULEVARD

SEMINOLE, FL 33772

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

RABIN PARKER GURLEY, P.A.

2653 MCCORMICK DRIVE

P.O. Box NOT acceptable

CLEARWATER, FLORIDA 33759

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Nancy Farbo
Signature of an officer or director

Nancy Farbo
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

[Signature]
Signature of Registered Agent

5/14/24
Date

If signing on behalf of an entity:

Bennett L. Rabin, Esquire

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2F045 (04/13)

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FLORIDA DEPARTMENT OF STATE