74260

<u>!</u>
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COVER LETTER

TO: Amendment Section Division of Corporations	
The Tampa Racquet Club Association, Inc.	
Name of Corporation	
DOCUMENT NUMBER: 744860	
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:	
Charles Evans Glausier	
Name of Contact Person	
Glausier Knight, PLLC	
Firm/Company	
400 N. Ashley Drive, Ste. 2020	
Address	
Tampa, FL 33602	
City/State and Zip Code	
cglausier@glausierknight.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Charles Evans Glausier at 813 440-4600	
Name of Contact Person 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 Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provise	ons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	submitted for a corporation organized under the laws of the State of Florida
	ange its registered office or registered agent, or both, in the State of Florida.
1. The name of the cor	poration: The Tampa Racquet Club Association, Inc.
2. The principal office	address: 17824 N. US Hwy 41, Lutz, FL 33549
· · · · · · · · · · · · · · · · · · ·	
3. The mailing address	i (if different):
5. The manning address	
4. Date of incorporatio	Document number: 744860
	address of the current registered agent and registered office on file with the of State: (If resigned, enter resigned)
Cha	rles Evans Glausier
180	1 N. Highland Avenue
Tan	pa, FL 33602
The name and street (if changed):	address of the new registered agent (if changed) and /or registered office
Cha	rles Evans Glausier
400	N Ashley Dr., Suite 2020
	P.O. Box NOF acceptable
Tan	pa, FL 33602
The street address of i as changed will be ide	ts registered office and the street address of the business office of its registered agent, nitical.
Such change was auth authorized by the boar	orized by resolution duly adopted by its board of directors or by an officer so
1Stow Lang	Tony Lamont, President
Signature of an o	flicer or director Printed or typed name and fille
l furthër agrée to com	pointment as registered agent and agree to act in this capacity. Digwith the provisions of all statutes relative to the proper and complete
nertormance of my du	ties, and I am familiar with and accept the obligation of my position as registered ment is being filed merely to reflect a change in the registered office address, I e corporation has been notified in writing of this change.
hale.	Le DECIT
Signature of	Registered Agent Date
If signing on behalf of	anjentity:
Typed or P	rinted Name
	* * * CH INC DDE. \$25.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)