## 748176

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700406844777

5 Chinithapy

2023 APR 19 PH 12: 52

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: The Caveater Tampa Name of Corporation	Association of Realtors, In	
DOCUMENT NUMBER: 748176		
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
JasonLOutman		
Name of Contact Person		
The Greater Tampa Associat	ion of Realtors, Inc.	
Firm/Company		
2918 W. Kennedy Blvd		
Address		
Tampa, FL 33609 City/State and Zip Code		
City/State and Zip Code		
jastn @ tamp	xarealtors. org	
E-mail address: (to be used for future annual report notification)		
P. C. d is Commercial and amount of this matter plane.	and:	
For further information concerning this matter, please	0.0 =	
Jason Outman	1,813,616-0897	
Name of Contact Person	at (813) (016-0897) Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

CR2E045 (04/13)

## 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 <u>Floyed</u> in order to change its registered office or registered agent, or both, in the State of Florida. 100mDa he hvocater 1. The name of the corporation: \ 2. The principal office address: Same 3. The mailing address (if different): 1911 Document number: 4. Date of incorporation/qualification: 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) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): P.O. Box NQT acceptable 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. officer or director 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 of Registered Agent If signing on behalf of an entity: Typed or Printed Name

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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