

A020000001335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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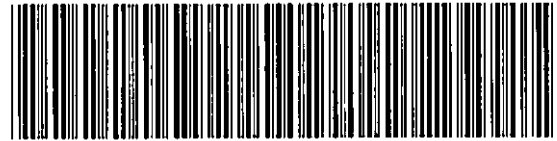
(Business Entity Name)

(Document Number)

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LLP RA & RO Change

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

A. RAMSEY

APR 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TJB Property Management Limited Partnership L.L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A02000001335

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

Please return all correspondence concerning this matter to:

Thomas J. Boland

Contact Person

TJB LLC

Firm/Company

6540 4th. Street North, Suite A

Address

Saint Petersburg, Florida, 33702

City, State and Zip Code

tboland585@aol.com

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

For further information concerning this matter, please call:

Thomas J. Boland

at (727) 804-9606

Name of Contact Person

Area Code and Daytime Telephone Number

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

Mailing Address:

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

Street Address:

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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. TJB Property Management Limited Partnership LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/10/2002

Date of filing/registration in Florida

3. A02000001335

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Karen Burns

Name

1090 Cordova Blvd. N.E.

Address

Saint Petersburg, Fl., 337604

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Thomas J. Boland

Name

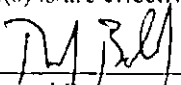
6540 4th. Street North, Suite A

Florida street address (P.O. Box not acceptable)

St. Petersburg FL 33702

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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 obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE, FL 32399