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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

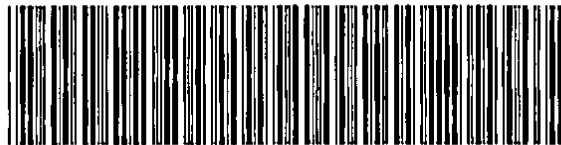
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG -1 2019

C. Kinse

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLUB DEAL 139 TAMPA COMMERCE CENTER, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B0000000084

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:

LINDA G KASSOF
Contact Person
TAURUS INVESTMENT HOLDINGS, LLC
Firm/Company
610 N WYMORE RD SUITE 200
Address
MAITLAND, FL 32751
City, State and Zip Code
TVO@TIHOLDINGS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA G. KASSOF at (407) 539-2310
Name of Contact Person Area Code and Daytime Telephone Number

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327 ✓
Tallahassee, FL 32314

**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. CLUB DEAL 139 TAMPA COMMERCE CENTER, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/12/2010 3. B10000000084
Date of filing/registration in Florida 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:

CT CORPORATION SYSTEMS
Name
1200 SOUTH PINE ISLAND RD
Address
PLAINTATION, FL 33324
City, State and Zip

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

LINDA KASSOF
Name
610 N. WYMORE RD SUITE 200
Florida street address (P.O. Box not acceptable)
MAITLAND FL 32751
City, State and Zip

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

[Signature]
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 an accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FL

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