

F020000001815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

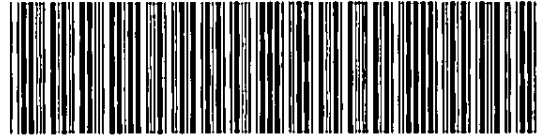
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TARRAGON DEVELOPMENT CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** F02000001815

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:

Ashlee Vega

Name of Contact Person

Beachwold Residential, LLC

Firm/Company

192 Lexington Avenue, Suite 901

Address

New York, NY 10016

City/State and Zip Code

avega@beachwold.com

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

For further information concerning this matter, please call:

Ashlee Vega

Name of Contact Person

at ( 646 ) 354-2114

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

**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 NEVADA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TARRAGON DEVELOPMENT CORP.
2. The principal office address: 192 LEXINGTON AVENUE, SUITE 901  
NEW YORK, NY 10016
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 3/19/2002 Document number: F02000001815
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)

THE KAMMERMAN LAW GROUP, P.A.

123 NW 13TH STREET, STE 312

BOCA RATON, FL 33432

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

SOUTH OXFORD MANAGEMENT LLC

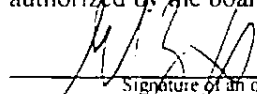
3701 DANFORTH DRIVE #804

P.O. Box NOT acceptable

JACKSONVILLE, FL 32224

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.

  
\_\_\_\_\_  
Signature of an officer or director

GIDEON Z. FRIEDMAN

\_\_\_\_\_  
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 of Registered Agent

10/19/2018

\_\_\_\_\_  
Date

If signing on behalf of an entity:

ANN MARIE KIVO

\_\_\_\_\_  
Typed or Printed Name

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA