L03000027389

· (Re	equestor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		-
	,	

Office Use Only



800239138018

09/04/12--01030--003 **25.00

2017 SEP -4 AM & 22

J. SAULSBERRY EXAMINER

SEP 6 2012

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TEAM TAMPA BOY MA, LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for	filing.	
Please return all correspondence concerning this matt	ter to the following:		
Richard R Howroyd	77		
Team Tampa Bay MA, 1	<u>'LC</u>	್ಷಾಗ	
19228 Fishermans Bend Dr Address		2012 SEP - SECRETAL ALLAHASI	
Lutz, Fl. 33558 City/State and Zip Code		-4 AM & ARY OF STAI	
RickHowroyd & Gnail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please	e call:		
Rick Howsoyd at (8	713) 949 - 766 4 Area Code & Daytime Telephone Nur		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TeAm TA	Ampa Bay MA. LLC
2. (a) Principal office address of limited liability company	19228 Fishermans Beve.
(Note: MUST BE STREET ADDRESS)	Lutz F1, 33558.
(b) Mailing address of limited liability company:	19228 Fishermans Bendor.
(Note: MAY BE POST OFFICE BOX)	19228 Mishermans Bender. Lutz Fl. 33553
7-25-03	40300027389
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Phillip Black
Registered Office Address:	1905 Paw Paw Place TRINITY FI 34655
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Bishard R Howayd H 19228 Fishermans Bend DC
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my portangles of Registered Agent. Signature of Registered Agent.	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization //