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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: TBWC 5300, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter t	o the following:				
Justine Karnell					
Name of Person					
Registered Agent Solutions, Inc.					
Firm/Company	<del></del>				
1701 Directors Blvd, Suite 300					
Address					
Austin, TX 78744					
City/State and Zip Code					
notices@rasi.com					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please ca	II:				
Justine Karnell 88	8 705-7274				
Name of Person	Area Code & Daytime Telephone Number				
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				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

2. (a)  Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)  5002 W. LEMON ST TAMPA, FL 33609  12/15/2005  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:  Nicole Johanson  Registered Office Address  OHUST BE FLORIDA STREET ADDRESS  5002 W. LEMON ST TAMPA, FL 33609  12/15/2005  Belief name of NEW Registered Office shown on the records of the Florida Dept. of State:  Nicole Johanson  Registered Office Address  OHUST BE FLORIDA STREET ADDRESS  5002 W. LEMON ST TAMPA, FL 33609  (b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  155 Office Plaza Dr., Suite A  Tallahassee  FL 32301  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)  Washwere authorized by an affirmative vote of the members of the limited liability company as otherwise provided in the articles of organization, or the operating agreement of the limited liability company.  Michael Morris  Authorized Signe  Signature of a sember or authorized representative of a member  Printed or typed usame of signee  I hereby accept the appointment as registered agent and appear to complete performance of member of the limited liability company has been the proper and complete performance of member of the limited with and accept the obligations of my position of a registered agent as provided for in Chapter 605, F.S. Or if this is document is being filed to member of the limited limited liability company has been the proper and complete performance of member of the limited liability company has been the proper and complete performance of member of the limited liability company has	Florid	TRMC 53	00. LLC		
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)  5002 W. LEMON ST TAMPA, FL 33609  12/15/2005  5012 W. LEMON ST TAMPA, FL 33609  12/15/2005  13/15/2005  14/15/2005  15/15/2		ame of the limited liability company: TBVVC 33	<del></del>		
TAMPA, FL 33609  12/15/2005  12/15/2005  Date of filing/registration in Florida  Egistered Agent and Registered Office shown on the records of the Florida Dept. of State:  Nicole Johanson  Registered Office Address  [MUST BE FLORIDA STREET ADDRESS]  5002 W. LEMON ST  TAMPA, FL 33609  (b)  Enter name of NEW Registered Agent und/or NEW Registered Office address:  155 Office Plaza Dr., Suite A  Tallahassee  FL 32301  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company is is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Michael Morris  Authorized Signes  Signature of a member or authorized representative of a member  I hereby accept the appointment as registered agent and agree to act in Knopter 605, FS. Or, if this document is being filed on merely reflect a panned in the registered agent and provisions of all statuties relative to the proper and address. I hereby confirm that the limited lability company has been	2. (a)	, , ,	(b)	Mailing addre	ss of limited liability company:
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:  Nicole Johanson Registered Office Address  MUST BE FLORIDA STREET ADDRESS)  5002 W. LEMON ST TAMPA, FL 33609  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  Registered Agent Solutions, Inc.  NEW Registered Office Address:  155 Office Plaza Dr., Suite A  Tallahassee  FL 32301  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the street of a member of authorized representative of a member of the limited liability company.  Michael Morris  Authorized Signes  Signature of a member or authorized representative of a member of the day of the proper and complete performance of my daties. If in this capacity. If in the area comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am grade to comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am grade to comply we the other proper and tempers of the proper of the company has been afterned to merely reflect a grange in the registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a grange in the registered office address.					
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Registered Office Address  5002 W. LEMON ST TAMPA, FL 33609  (b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Registered Agent Solutions, Inc.  NEW Registered Office Address:  155 Office Plaza Dr., Suite A  Tallahassee  FL 32301  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Michael Morris  Authorized Signe Printed or typed name of signee  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 as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has being filed.	J. (4)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of	State:	
(b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Registered Agent Solutions, Inc.  NEW Registered Office Address:  155 Office Plaza Dr., Suite A  Tallahassee  FL  32301  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Michael Morris  Signature of a member or authorized representative of a member  Printed or typed name of signee  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 as provided for in Chapter 605, FS. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been		Nicole Johanson			
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Justine Karnell	provis the ob to mer notifie	ed in writing of this change.	e performance of led for in Chapter I hereby confirm i	my duties, and 605, F.S. Or, that the limited	I am familiar with and accept if this document is being filed liability company has been

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**Assistant Secretary** 

Signature of Registered Agent