L06000032337

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





300253560383

11/14/13--01011--020 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Tamara M. Berryman LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Tamara M. Berryman

Name of Person

Tamara M. Berryman LLC

Firm/Company

1188 N. Tamiami Trail, Suite 103

Address

Sarasota, FLorida 34236

City/State and Zip Code

tammy@tamaraberryman.com

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

For further information concerning this matter, please call:

Tamara M. Berryman

...941

9540900

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

□ \$55 Filing Fee & Certified Copy

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: Tamara M. Bern	ryman LLC.	7 S 2	
2. (a) Principal office address of limited liability comp	· , — — — — — — — — — — — — — — — — — —	F	
(<u>Note: MUST BE STREET ADDRESS</u>)	Suite 103 Sarasota, Florida 34236	<u> </u>	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above	REPORT N	
3/20/2006	L0400003233	7 PAR \$	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dep	pt. of State:	
Registered Agent;	Tamara M. Berryman		
Registered Office Address:	1804 Sandalwood Drive		
	Sarasota, Florida 34231		
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office addres	<u>s</u> :	
NEW Registered Agent:	Tamara M. Berryman		
NEW Registered Office Address:	ddress: 1188 N. Tamiami Trail		
(MUST BE FLORIDA STREET ADDRESS)	Suite 103		
	Sarasota	,FL <u>34236</u>	
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. **The state of the s			
Signature of a member or authorized representative of a member			
TAMARA M. BERRYMAN Printed or typed name of signee	. 		
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company many I became	nd agree to act in this capacity. It e proper and complete performan y position as registered agent as o merely reflect a change in the re pany has been notified in writing	I further agree to ice of my duties, provided for in egistered office of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent