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COVER LETTER

	istration Section ision of Corporations				
SUBJECT:	TGB MANAGEMENT, LLC				
		of Limited Lia	bility Company		
Dear Sir or i	Madam:				
The enclosed	d Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.		
Please return	n all correspondence concerning this a	matter to the fo	ollowing:		
Melissia K. C	Gauthreaux				
	Name of Person		_		
Accounting F	Resources and Management Services				
	Firm/Company		_		
P.O. Box 206	55				
	Address		_		
Dunedin, FL	34697				
	City/State and Zip Code		_		
missy@youra	accountingresource.com				
E-mail	address: (to be used for future annua	report notific	ation)		
For further in	nformation concerning this matter, plo	ease call:			
Melissia K. O	iauthreaux	727 at (491-5360		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi P.O.	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	osed is a check for the following an	iount:			
■ \$2	25 Filing Fee	□ \$55	□ \$55 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.

I. N	ame of the limited liability company:TBG MANAGEN	4ENT						
2. (a)	34921 US-19 N Ste 210 Palm Harbor, FL 34684		(b) P.C). Box 170	08 Dunedin, FL 3	4697		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				iling address of lim Note: MAYBE PO			•
	10/30/2007	_		00109884				
3.	Date of filing/registration in Florida	- 4.			ocument numbe			
	Accounting Resources and Management Services LLC	7.		D(ocument numbe	1		
5. (a)	Registered Agent and Registered Office shown on the records of t	the Flor	ida Dept.	of State:				
	Registered Office Address (MUST BE FLORIDA STREET A	<u>IDDRE</u>	<u>(SS)</u>					
	Palm Harbor	34684	_	•				
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:			LLAHASSEE, FILL	2021 OCT 29 A	
	NEW Registered Office Address:					± 0,	AH 2: 1	J
	34921 US Hwy 19 N Ste 210					<u> </u>	2: 03	
	Palm Harbor, FL_	34684	_				w	
Signa Signa I here provisi he oblion mere antified	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law difference of the appointment as registered agent and agreement of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper and complete pigations of my position as registered office address. I have the proper and complete pigations of the proper and complete pigations of the proper and complete pigations of the change in the registered of the proper and complete pigations of the pigations o	registe bility of f the li limited	ered officompan mited li I liabilit	ce and the y, it is he lability company company Pr	ne business officereby confirmed ompany or as of a confirmed or as of a confirmed or typed name of the confirmed or typed name or the confirmed or typed name of the confirmed or typed name or or typed	that the pherwise p	egiste change provide	red e(s) ed in