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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE TAMPA REGENCY APARTMENTS LLC

Certificate of Status	0
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COVER LETTER

	Registration Section Division of Corporations		•	
SUBJEC	Tampa Regency	Apartme	nts LLC	
	Name of Limited Liability Company			
Dear Sir	or Madam:			
The enci	losed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.	
Please re	eturn all correspondence concerning this	s matter to the fo	llowing:	
Zac	hary Ysais			
	Name of Person		-	
Regist	ered Agent Solutions, Inc.			
	Firm/Company		-	
1701 E	Directors Blvd, Suite 300			
	Address		- ,	
Austin	, TX 78744			
	City/State and Zip Code		-	
E-1	mail address: (to be used for future annu	ual report notific	ation)	
For furth	her information concerning this matter,	please call:		
Zac	hary Ysais	888 at (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	ection Registration Section prporations Division of Corporations pp.O. Box 6327 e Center Circle Tallahassee, Florida 32314		
	Enclosed is a check for the following	amount:		
	□ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	
INHS18	(2/14)			

O 10/07/2020 3:29 PM → •

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. Name of the limited liability company: Tampa Re	egency Apartments LLC	
2. (a) 195 North Street Suite 100	(b) 195 North Street Suite 100	
Principal office address of limited liability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
(Note: MUST BE STREET ADDRESS)		
Teterboro, NJ 07608	Teterboro, NJ 07608	
9/10/2008	L08000086361	
3. Date of filing/registration in Florida	4. Document number	
5. (a) C T CORPORATION SYSTEM		
Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:	
1200 SOUTH PINE ISLAND ROA	, Q <i>F</i>	
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	× 26	
PLANTATION	33324	
(b) Registered Agent Solutions, Inc.	& F	
Enter name of NEW Registered Agent and/or NEW Registered	TI E ONE saldres sino t	
155 Office Plaza Dr.	AM II: 03	
NEW Registered Office Address:		
S uite A		
Tallahassee	32301	
If the limited liability company is not organized under the la the change or changes are made, the Florida street address o agent will be identical. Or, in the case of a Florida limited li was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in	
/s/ Peter O. Hanson	Peter O. Hänson Managing Member	
Signature of a member or authorized representative of a member	Printed or typed name of signee	
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change.	ree to act in this copacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept ed for in Chapter 6 '5, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been	
Signature of Registered Agent		
digitation of the graceroo rigetti		