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☐ PICK-UP	☐ WAIT	MAIL					
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Certified Copies	Certificates	of Status					
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Special Instructions to	Filing Officer:						
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	TLPB PROPERTIES, LLC		
		of Limited Li	ability Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this	matter to the	following:
Carrie	Lavargna, Esq.		
	Name of Person		
Lavarg	gna Law PLLC		
	Firm/Company		_
1803 9	S. Kanner Highway		
•	Address		
Stuart	, FL 34994		
	City/State and Zip Code		_
carrie(@lavargnalaw.com		
E-	mail address: (to be used for future annua	al report notif	ication)
For furt	her information concerning this matter, p	lease call:	
Carrie	Lavargna, Esq.	772 _ at (286-7521
	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	stration Section Registration Section sion of Corporations Division of Corporations on Building P.O. Box 6327 Executive Center Circle Tallahassee, Florida 32314	
	Enclosed is a check for the following a	mount:	
	■ \$25 Filing Fee	□ \$5	5 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.

1.	Na	me of the limited liability company: TLPB PROPE	RTIE	S, LLC	
2. ((a)	15 BARCELONA DRIVE	(b) 15 CORMORANT LANE		
_, ,	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (· ———	dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		KEY WEST FL 33040	_	KEY WE	ST FL 33040
		9/30/2008		L0800009	92823
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Carrie Lavargna, Esq., P.A.			
	` ,	Registered Agent and Registered Office shown on the records of the 401 SE Osceola Street	e Florid	a Dept. of State	::
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			SLUFE IN SLU
		Stuart FL_3	34994	ļ	AHASS
((b)	Lavargna Law, PLLC			
,	U	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>
		1803 S. Kanner Highway			5
		NEW Registered Office Address:			
		Stuart, FL_3	34994		
the age was	cha nt w /we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization of the operating agreement of the li	he regi fility c the lin	istered office ompany, it is nited liability	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in
	\mathcal{L}	Arrie Zavara	Ca	rrie Lavarg	gna, Esq.
	_	ure of a member of authorized representative of a member	-		Printed or typed name of signee
pro the to n	visie obli iere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change by the registered office address. I he writing of this change.	e to ac erforn for in creby c	t in this cape tance of my c Chapter 605 confirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Sign	natur	e of Registered Agent			

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