

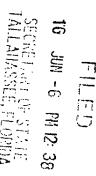
(Requestor's Name)						
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(City	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						

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04/25/16--01022--018 **25.00





April 26, 2016

KATHLEEN M. MACKENZIE 10109 ALAMANCE DRIVE SAN ANTONIO, FL 33576

SUBJECT: TAMPA HOMES 24-7 LLC

Ref. Number: L09000020470

We have received your document for TAMPA HOMES 24-7 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We received your document, however the registered agent must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 616A00008620

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SECTION SE

COVER LETTER

	egistration Section Division of Corporations					
SUBJEC	Tampa Homes 24-7 LLC					
	Name of Limited Liability Company					
Dear Sir o	or Madam:					
The enclo	osed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning th	is matter to the	e following:			
Kathlee	n M. MacKenzie					
	Name of Person					
Tampa	Homes 24-7 LLC					
	Firm/Company		 -			
10109 A	Alamance Drive					
	Address					
San Ant	tonio, FL 33576					
	City/State and Zip Code					
kathy@	tampahomes24-7.com		ල්) ම			
E-m	ail address: (to be used for future ann	iual report noti	fication)			
For furthe	er information concerning this matter,	please call:				
Kathlee	n M. MacKenzie	813	541-4646			
	Name of Person		Area Code & Daytime Telephone Numbe			
R D C 26	rreet/courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
E	nclosed is a check for the following	amount:				
Z	\$25 Filing Fee	□ \$	555 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. N	ame of the limited liability company: Tampa Home	es 24-7	LLC	
` ` `	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10109 Alamance Drive		10109 A	lamance Drive
	San Antonio, FL 33576	<u> </u>	San Anto	onio, FL 33576
	March 2, 2009		L0900002	20470
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of Kathleen M. MacKenzie Registered Office Address (MUST BE FLORIDA STREET), 17918 Arbor Haven Drive Tampa , FL Enter name of NEW Registered Agent and/or NEW Registered Kathleen M. MacKenzie NEW Registered Office Address: 10109 Alamance Drive	33647	2	16 Juli -6 PH 2: 35 SELLINGSEE TO LOOK
	San Antonio , FL	33576		
the charged was/we the art Signal I here provise the object to mer, notified	imited liability company is not organized under the laying or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of organization or the operating agreement of the where. Machinember or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I in a many time of this change. Nuclear Machinember of the change.	the registability coof the limited limited l	stered office impany, it is ited liability iability com hleen M. M	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. MacKenzie Printed or typed name of signee activ. I further agree to comply with the