| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Ви | usiness Entity Name | e) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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TALLAHASSEE, FLORIDA

MAR 14 2016 S. YOUNG

COVER LETTER -

| TO: | Registration Section Division of Corporations | |
|----------------|--|---|
| SUBJ | | Tan LLC of Limited Liability Company |
| Dear S | ir or Madam: | |
| The en | aclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this | matter to the following: |
| 14 | senry Parrish III Name of Person | · |
| <u>Pa</u> | rish Opove Inn Firm/Company | |
| _5 | 12 Delannoy Ave | - |
| \overline{C} | Ocoa FL 32922 City/State and Zip Code | |
| 9 | June 326 @ Yahoo annua | l report notification) |
| For fu | rther information concerning this matter, pl | ease call: |
| 2 | Name of Person | at (32) 458-2537 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 |

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. ling/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address ንፈ5 ፈጋ NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: FL Baraz 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. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Age