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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:\_

## LLC REGISTERED AGENT CHANGE TGRG, LLC

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## 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

rioria 1 S.		G, LLC			
1. Na 2. (a)	ame of the numed hability company.	, (b		· <del></del>	
2. (1)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	·	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )		
	1922 Felch Avenue Studio 3		1922 Felch Avenue Studio 3		
	Jacksonville Fl 32207		Jacksonville FL 32207		
	04/06/11		L11000041198		
3.	Date of filing/registration in Florida	4.	Document numbe	r	
5. (a)	LEGLER, MITCHELL W				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1431 RIVERPLACE BLVD. #910				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		!	2620 JUL	
	JACKSONVILLE	, <sub>FL</sub> 32207		۵) ا آب	
	Northwest Registered Age	ent LLC		<del>-0</del> <del>-</del> :	
	Enter name of NEW Registered Agent and/or NEW Reg	lress:	PT12: 37		
	7901 4th St N			37	
	NEW Registered Office Address:	** •			
	STE 300				
	St. Petersburg	<sub>FL</sub> 33702			
the ch agent was/w	limited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida linger authorized by an affirmative vote of the menticles of organization or the operating agreement	lress of the regi: nited liability co nbers of the lim	tered office and the business mpany, it is hereby confirmed ited liability company or as o	office of the registered that the change(s)	
$\bigcirc$	) organ Jobbe		gan Noble		
Sign	Signature of a sember or authorized representative of a member		Printed or typed nam	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.

Therefore, Assistant Secretary

Signature of Registered Agent