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J. SAULSBERRY **EXAMINER**

AUG 13 2012

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	r. Tarsish	Investments LLC	
SOBJECT	Name of Limited Liability Company		
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerning this r	natter to the following:	
	Marie B Code, Esq		
	Name of Person	 	
	Marie B. Code Esq. P.L.		
	1308 SW 27th Terrace	ZOIZ A SECR	
	Address Cape Coral FL 33914 City/State and Zip Code	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
E-mail	marie@marieesquire.com address: (to be used for future annual report notifica	ion)	
For furthe	r information concerning this matter, pl	ease call:	
	Marie B Code, Esq at (239) 829-0063 Area Code & Daytime Telephone Number	
Re Di Cli 26	rREET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:			
\checkmark	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

· STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of	the limited liability company:	Tarsish Investments LLC
2. (a) Princ	cipal office address of limited liability company	8961 Conference Dr. Ste 2
(<u>No</u>	te: MUST BE STREET ADDRESS)	Fort Myers, FL 33919
(b) Mail	ling address of limited liability company:	8961 Conference Dr. Ste 2
(<u>No</u>	te: MAY BE POST OFFICE BOX)	Fort Myers, FL 33919
	07/06/2011	L11000077767
3. Date of f	filing/registration in Florida	4. Document number
5. (a) Reg	istered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Reg	istered Agent:	Code, Marie B Esq
Reg	istered Office Address:	1202 SE 8th Place Ste B Cape Coral FL 33990
, ,	er name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>W</u> Registered Agent:	W Registered Office address
NE	W Registered Office Address: ST BE FLORIDA STREET ADDRESS)	1308 SW 27th Terrace Cape Coral ,FL33914
confirmed t and the bus liability cor of the mem or the opera	ed liability company is not organized under the hat after the change or changes are made, the Finess office of the registered agent will be identified in the interpretation of the limited liability company or as other atting agreement of the limited liability company or an ember of authorized representative of a member Marie B Code, Esq	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization
I hereby accomply with and I am fa Chapter 60 address, I h	ed name of signee control the appointment as registered agent and of the provisions of all statutes relative to the primition with and accept the obligations of my policy. S. F.S. Or, if this document is being filed to me thereby confirm that the limited liability company egistered Agent	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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