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## LLC REGISTERED AGENT CHANGE TAMARIND BAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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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.

l. Na	ame of the limited liability company:TAMARIND BA	AY, LLC				
2. (a)	Principal office address of limited liability company:	(b) _	Mailing add:	ress of limited li	shility company	
	( <u>Note: MUST BE STREET ADDRESS</u> )			AY BE POST (		
	310 S FIELDING AVENUE	3	310 S FIELDING AVENUE			
	TAMPA, FL 33606		AMPA, FL 33606	FL 33606		
	06/11/2012	LI	2000078099			
	Date of filing/registration in Florida	<del>-</del> 4	Documen	t number		
	• •					
. (a)	Registered Agent and Registered Office shown on the records o	f the Florida De	nt of State:			
	PARKER JOHN RITZDORF		<b>p c-</b>			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI	<del> </del>			
	5583 GATLIN AVENUE	_				
	ORLANDO, F		<del></del>	·	2	
	, r	L	<del></del>		A F 2022 <b>A</b> PR	
(b)				<u> </u>	AP A	
(0)	Enter name of NEW Registered Agent and/or NEW Registere			- F	1 25% 45	
	PARKER RITZDORF				1 ROYE	
	NEW Registered Office Address:		<del>-</del>		ώ <u>_</u>	
	310 S FIELDING AVENUE			1	Σ) E-	
	TAMPA	L_33606				
	, r	L				
hange gent v vas/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Raun North	e registered of ability comparts of the limite limited liab	office and the busin pany, it is hereby co d liability company	ness office of onfirmed tha	the registered t the change(s)	
Signa	ignature of a member or authorized representative of a member			Printed or typed name of signee		
rovis he obi o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	ree to act in e performanc ed for in Cha hereby confi	this capacity. I fu e of my duties, and pter 605, F.S. Or, rm that the limited	rther agree to I am familie if this docur I hability con	o comply with the with and accep nent is being filed npany has been	
	re of Registered Agent (Parker Ritzdorf)					

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

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