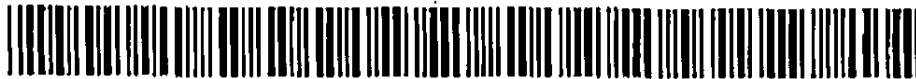


L1300001134

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000213021 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001
Phone : (727)441-8966
Fax Number : (727)442-8470

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

Email Address: anderson.marcus26@gmail.com

**LLC REGISTERED AGENT CHANGE
TOUCHED BY FAITH TAMPA LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

2016 SEP -6 PM 12:27

TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

SEP 07 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Touched by Faith Tampa, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcus Anderson

Name of Person

Touched By Faith Tampa

Firm/Company

4000 P.O. Box 35465

Address

St. Petersburg, FL 33705

City/State and Zip Code

anderson.marcus26@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Anderson

Name of Person

at (813) 390-9843

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -6 P 12:06

FILED

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. Name of the limited liability company: Touched by Faith Tampa, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1239 4th Street South
Saint Petersburg, FL 33701

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

1239 4th Street South
Saint Petersburg, FL 33701

4/25/2013

L13000061134

3. Date of filing/registration in Florida

4. Document number

5. (a) Grant Wood

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

175 First Street South

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Unit 1401

Saint Petersburg, FL 33701

(b) Marcus Anderson

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1239 4th St. South

NEW Registered Office Address:

Saint Petersburg, FL 33701

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 Agent

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

FILED
2016 SEP - 6 P 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



September 6, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TOUCHED BY FAITH TAMPA LLC
1239 4TH STREET SOUTH
SAINT PETERSBURG, FL 33701

SUBJECT: TOUCHED BY FAITH TAMPA LLC
REF: L13000061134

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please disregard previous letter.

The designation of the registered agent must be at a Florida street address.

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H16000213021
Letter Number: 416A00018675

2016 SEP -6 PM 12:27

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -6 P 12:06

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