43000077446

((Requestor's Name)						
(Address)							
(Address)							
	(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							
00							

Office Use Only



400283586424

04/08/16--01021--010 **55.00

L13-77446 Stmt chaj/RA



APR 13 2016 N. CAUSSEAUX

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJE			11: 0			
	Nam	ne of Limited Liab	ility Company			
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitte	d for filing.		
Please 1	return all correspondence concerning th	is matter to the fol	llowing:			
Mark	R. Komray, Esq.					
	Name of Person					•
	Firm/Company	· · · · · · · · · · · · · · · · · · ·		, t	4,	•
1882	N. Tamiami Trail #3434			•	·	ì
•	Address		•			
Fort M	lyers, Florida 33918					
	City/State and Zip Code		•			
mrk@	komraylaw.com					
Е	-mail address: (to be used for future ann	ual report notifica	ition)			
For fur	ther information concerning this matter,	please call:				
MARK	(R. KOMRAY, ESQ.	239 at (244-2245)	,		
	Name of Person	•	Area Code & Da	ytime Telepl	hone Nu	ımber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRES stration Section ion of Corporati Box 6327 hassee, Florida 3	ons		
	Enclosed is a check for the following	amount:				
	≥ \$25 Filing Fee	☑ \$55	Filing Fee & Ce	rtified Copy		

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. N	ame of the limited liability company: Taurus Adver	nture	Ма	nageme	ent, LLC	
2. (a)	A1660 Little Farm Poad			41660	Little Farm Roa	nd
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		-	nited liability company: OST OFFICE BOX)
	Punta Gorda, Florida 33982			Punta C	Borda, Florida 3	33982
	03/18/2016		L	130000	77446	
3. 5. (a)	Date of filing/registration in Florida W JEFFREY CECIL, ESQ.	4.			Document numb	oer .
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 9132 STRADA PLACE Registered Office Address					
	3RD FLOOR				_	6 P
	NAPLES , FI	3410	8		_	- 00 P
(b)	MARK R. KOMRAY, ESQ.				_	PH 12: 35
	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	<u>ress</u> :	•	927
	39450 BERMONT ROAD					5,5
	NEW Registered Office Address:				-	
	PUNTA GORDA , FI	_3398	32		_	
the chagent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the re ability of the	gist cor imi	ered officenpany, it ted liability co	ce and the busines is hereby confirm ity company or as	s office of the registered ed that the change(s) otherwise provided in
I here provis the ob to men notifie	ture of a member of surficized representative of a member 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 provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to e perfo ed for i hereby	act rma n C v co	in this ca nce of my hapter 60 nfirm tha	nacity. I further a	gree to comply with the