LIDULILIUMT

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

Office Use Only



700274324117

06/30/15-01006-5001 125.00

2015 JUN 30 P 2: 02
SECRETARY OF STATE

OUL BRUCE

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ					<u></u>
	Name	of Limited L	iability Company		
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for	filing.	
Please	return all correspondence concerning this	matter to the	following:		
Jerar	niah Bustin				
<u> </u>	Name of Person				
Tamp	oa Bay Investment Properties 1, LL	С			
	Firm/Company	·•··			
4637	Westford Circle				
	Address			7	
Tamp	oa, FL 33618			2015 JUN 30 SECRETARY SECRETARY	-7
	City/State and Zip Code			IN 30 TARY ASSE	(Contract)
Jerar	niah.Bustin@Gmail.com			Y OF	
E	E-mail address: (to be used for future annu	al report notif	ication)		C
For fu	rther information concerning this matter, p	lease call:		2: 02 DRIDA	
Jeran	niah Bustin	813	857-2120		
	Name of Person		Area Code & Daytime	: Telephone Nu	ımber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314		
	Enclosed is a check for the following a	mount:			
	■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified	l Copy	

INHS18 (2/14)

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.	Na	me of the limited liability company: Tamp	pa Bay In	vestme	nt Proper	ties 1, LLC
2. ((a)	Jeramiah Bustin		_ (b)	Jeramial	n Bustin
2. (u	(-)	Principal office address of limited liability co (Note: MUST BE STREET ADDRES		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 4637 Westford Circle		
		4637 Westford Circle				
		Tampa, FL 33618			Tampa, F	FL 33618
					L1300010	1067
3.		Date of filing/registration in Florid	ia	4.		Document number
5.	(n)	Jeramiah Bustin				
٥.	(a)	Registered Agent and Registered Office shown on the	e records of th	ne Florida	Dept. of State	
		Registered Office Address (MUST BE FLORID)	A STREET A	<u>DDRESS</u>	1	∀ ~
		3506 W. Granada Street				2015 SECI
		Tampa	, FL_ <u>`</u>	33629		JUN 3
(b)	(h)	Jeramiah Bustin		30 F		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		FILED JUN 30 P 2: 02 CRETARY OF STATE LAHASSEE, FLORIDA		
		NEW Registered Office Address:	, 	-,-		
		4637 Westford Circle	· · · · · · · · · · · · · · · · · · ·			
		Tampa	, FL <u>'</u>	33618		
the age was the	cha nt v s/we arti ere ovisi obli nere	imited liability company is not organized uninge or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the ricles of organization of the operating agreement of a member of authorized representative of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and injustions of my position as registered agent of the proper and injustions of my position as registered office of the proper and injustions of my position as registered office of the proper and injustions of my position as registered office of the proper and injustions of my position as registered office of the proper and the pro	address of ta limited lial members of the limber	the regis bility co f the lim imited l Jera	tered office mpany, it is ited liability iability com amiah Bus	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Stin Printed or typed name of signee
		re of Registered Agent				