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(Requestor's Name)
(Address)
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COVER LETTER

TO:

Registration Section

Divi	sion of Corporations						
SUBJECT:	TBay Construction Llc.						
Sobile 1.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the	following:				
Gerald Da	vid Fielstra						
	Name of Person		_				
TBay Con	struction flc.						
	Firm/Company						
6910 Inter	bay Blvd. apt #23						
	Address	 	<u> </u>				
Tampa, Fl	. 33616						
- 1,	City/State and Zip Code		200				
dfielstra@	gmail.com						
E-mail	address: (to be used for future ann	ual report notif	ication)				
For further i	nformation concerning this matter,	please call:					
G. David F	ielstra	813	777-1331				
	Name of Person	~~ (Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Re Di P.	AILING ADDRESS: gistration Section vision of Corporations O. Box 6327 llahassee, Florida 32314				
Enc	losed is a check for the following	amount:					
□ \$	25 Filing Fee	2 1 \$	55 Filing Fee & Certified Copy				
INHS18 (2/14	4)						

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.

a)				10 Interbay Blvd. apt # 23				
. , -				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Tampa, Fl. 33616		Tampa,	pa, FI 33616				
	11-24-2014		L140078	 341				
	Date of filing/registration in Florida	4.		Document number				
(a)	The Company Corporation		_					
	Registered Agent and Registered Office shown on the recor	ds of the Flori	da Dept. of Stat	e:				
	32301 Hays St.			_				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	SE ALI	41		
				_	ARC	0EC		
•	Tallahassee	, FL 3230	1	_)RETARY AHASSEI	2-2	-7-	
(b) _ 1	Gerald David Fielstra			_	RY OF STATE SEE, FLORIDA	PM II: 38		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	. ORI	 پن		
	6910 Interbay Blvd. apt #23			_	A G	8		
	NEW Registered Office Address:							
	Tampa	, FL 33610	3	-				
chai it w /we	mited liability company is not organized under the result of the result	ss of the reg ed liability ers of the li	gistered offic company, it i mited liabilit	e and the business offi is hereby confirmed the ty company or as other	ce of the at the cha	registenges	ered)	
	V 7. 9.	G	erald David	l Fielstra				

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