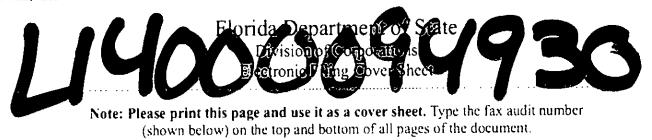
Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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To:			
	Division of Corporations		
	Fax Number : (850)617-6383		
From:			
	Account Name : REGISTERED AG	ENT SOLUTIONS INC	
	Account Number : I20100000062		
	Phone : (888)705-7274 Fax Number : (888)706-7274		
Enter	r the email address for this busin annual report mailings. Enter only	ness entity to be one email address	used for future please.
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Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX JAN 19 2022



COVERILETTER

TO: Registration Section Division of Corporations

SUBJECT: TM OYSTER HARBOR, 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:

Mary Castillo
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy. Ste 400
Address
Austin, TX 78735
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary	Castillo

888

705-7274

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

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

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

1. Na	ime of the limited hability company:	TM OYSTER			ALE ROAD, SUITE 2000
2. (a)	Principal office address of limited tial (Note: MUST BE STREET A) SCOTTSDALE, AZ 852	bility company:	(6)	Mailing address (Note: MA)	s of limited liability company: (BE POST OFFICE BOX) E, AZ 85251
	6/12/2014		L1	4000094930)
3.	Date of filing/registration in NRAI SERVICES, INC	Florida 4		Document i	number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			i, of State:	22
	PLANTATION	FL_33	324	_	81 HVD
(b)	Registered Agent Solut	ions, Inc.			175 BM 125 D 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(0)	Enter name of NEW Registered Agent and to 155 Office Plaza Dr.	or NEW Registered Offic	e addr es s		17: 34 17: 34 17: 34
	NEW Registered Office Address: Suite A				
	Tallahassee	, FL 32	301		

d the articles of organization or the operating agreement of the limited liability company.

/s/	Jaclyn Wright	Jaclyn Wright	Assistant Secretary
-	Signature of a member or authorized representative of a memb	er Printed or	typed name of signed

Thereby 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 in writing of this above. notified in writing of this change.

Mackenzie Hart, Asst, Secretary

Signature of Registered Agent