U140001000 at 10

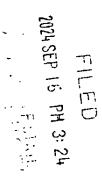
(Requestor's Name)					
(Address)					
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(Cit	y/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	es of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

Division of Corporations	
Tampa Adamo, LLC SUBJECT:	
•	ed 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:
Monique Gomez	
Name of Person	
Tavaco Properties, LLC	
Firm/Company	
9229 W Sunset Blvd., Suite 311	
Address	
West Hollywood, CA 90069	
City/State and Zip Code	
Monique@tavaco.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
Monique Gomez 310 at (385-1300 ext. 104
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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 Florida.

1. Na	ame of the limited liability company: Tampa Adamo, I	LLC		
2. (a)	c/o Tavaco Properties, LLC	a	c/o Ta	vaco Properties, LLC
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9229 W Sunset Blvd., Suite 311		9229 W Sunset Blvd., Suite 311	
	West Hollywood, CA 90069	_ _	West 1	lywood, CA 90069
	June 23, 2014		L140001	100246
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI Services, Inc.			
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of	State:
	NRAI Services, Inc.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	
	1200 South Pine Island Road			
	Plantation	133324		FILED 2024 SEP 16 PH
				FILED SEP 16 PH
(b)	GKL Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	Enter name of NEW Registered Agent and/or NEW Registere	o Omce ac	ioress:	구 무 〇
	GKL Registered Agents, Inc.			——————————————————————————————————————
	NEW Registered Office Address: 28089 Vanderbilt Drive Suite 201		- - <u>41</u> 2	
	Bonita Springs , F	L.34134 L		
change agent v was/we the arti	imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or in the case of a Florida limited li- cre authorized by an affirmative vote of the members cles of organization or the operating agreement of the fure of a member or authorized representative of a member	iws of the e registere iability co of the lim e limited l	ed office ompany, nited liab	and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in company.
provisi the obl to merc	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	ree to act e perform ed for in (hereby co	in this cance of n Chapter on Chapter th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	nnifer arkin re of Registered Agent			