LINCHARD PAYS

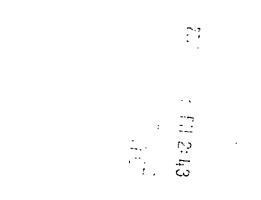
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	9 #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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C3/22/24

COVER LETTER

	egistration Section vision of Corporations					
SUBJECT	Tapadero Terrace, LLC					
	Name of Limited Liability Company					
Dear Sir o	Madam:					
The enclos	ed Registered Agent/Registered O	office Change an	d fee(s) are submitted f	or filing.		
Please retu	rn all correspondence concerning	this matter to th	e following:			
Kylie Conr	ad & Kayla King					
	Name of Person					
Corp1, Inc.				11.5 11.5		
	Firm/Company	-				
7700 E Ara	ipahoe Rd Ste 220					
	Address			· = = = = = = = = = = = = = = = = = = =		
Centennial	, CO 80112					
	City/State and Zip Code	:		1, 55		
E-ma	ail address: (to be used for future a	nnual report not	ification)			
For further	r information concerning this matte	er, please call:				
Kylie Cont	ad	720 at (823-9273			
	Name of Person		Area Code & Dayti	me Telephone Number		
Re D P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 illahassee, FL 32314		Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Ilahassee Street, Suite 810		
Eı	nclosed is a check for the followi	ng amount:				
1	\$25 Filing Fee	٥	\$55 Filing Fee & Certi	fied 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.

i. N	ame of the limited liability company:	LLC		· · · · · · · · · · · · · · · · · · ·	
2. (a)	9749 PARKVIEW AVENUE		(b) 9749 PARKVIEW AVENUE		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	BOCA RATON, FL 33428	_	BOCA RA	ATON, FL 33428	
	07/10/2014		1.14000109	2293	
3. 5. (a	Date of filing/registration in Florida CSC	4.		Document number	
). (a	Registered Agent and Registered Office shown on the records of t 1201 HAYS STREET	he Flori	da Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>55)</u>	777		
	TALLAHASSEE, FL	32301	-2525	- -	
(b)	Registered Agents Inc			. _ ,	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office ad</u>			ddress:	
	7901 4th St N			က လ _	
	NEW Registered Office Address:		_		
	Ste 300		_	_	
	St. Petersburg, FL	33702		_	
chang agent was/v	limited liability company is not organized under the law te or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe bility (f the li	red office ar company, it i mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	/ Howard Adler		oward Adler		
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provi: the ol to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I head in writing of this change.	ee to a perfori l for in iereby	ct in this cap mance of my Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	avid Roberts				
Signat	ure of Registered Agent				