44000162678

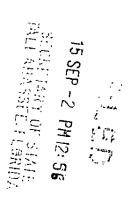
(Requestor's Name)				
(Ad	ldress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





200276597032

09/02/15--01017--026 **75.00



SEP 03 2015 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations		the second second
SUBJE	TBCSC Managing Compan	y, LLC	
o o b o b		ne of Limited Liab	pility Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.
Please r	return all correspondence concerning th	is matter to the fo	llowing:
Steph	en N. Barnes, Jr.		
	Name of Person		-
Steph	en N. Barnes Jr., LLC		
	Firm/Company		-
3725	Vineville Avenue		
	Address		-
Масо	n, Georgia 31204		
	City/State and Zip Code		-
melino	da @stephenbarneslaw.com		
E-	-mail address: (to be used for future and	nual report notific	ation)
For furt	her information concerning this matter	, please call:	
Steph	en N. Barnes, Jr.	478 at (405.7677
	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	g amount:	
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified 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.

4945 Anchor Way	- 	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) New Port Richey, FL 34652	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
10/20/2014 Date of filing/registration in Florida	L140 4.	000162678 Document number
Tammy N. Cochran		
Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)	the Florida Dept.	of State:
4945 Anchor Way	<u>ADDRESS)</u>	
New Port Richey	34652	<u></u> -
, FL	·	
)		SEP SEP
Enter name of NEW Registered Agent and/or NEW Registered	Office address:	25.55 25.55
REGISTERED AGENTS INC.		PHI2: 51
NEW Registered Office Address:		
3030 N. Rocky Point Drive, STE 150A		
Tampa , FL	33607	
limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited limited by an affirmative vote of the members of organization or the operating agreement of the	the registered ability compar of the limited I limited liabili	l office and the business office of the registe ny, it is hereby confirmed that the change(s) iability company or as otherwise provided in
nature of a member or authorized representative of a member		Printed or typed name of signee
reby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete	performance (is capacity. I further agree to comply with t of my duties, and I am familiar with and acc er 605, F.S. Or, if this document is being fil n that the limited liability company has been

BUILDIO (OU 4)