

# L15000019860

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

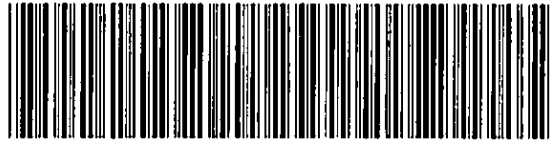
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**Christian Tyler Properties, LLC  
4211 W Boy Scout Blvd Ste 150  
Tampa, FL 33607**

August 8, 2023

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Statement of Change of Registered Office or Registered Agent

To Whom it May Concern:

Enclosed please find a check # 2121 in the amount of \$250.00 for filing fees to Florida Department of State for the following entities:

Tampa Oaks Senior Living, LLC  
Tampa Oaks Project, LLC  
Tampa Oaks Project Manager, LLC  
Golden Pond Project Manager, LLC  
Golden Pond Project, LLC  
Florida Senior Living – Golden Pond, LLC  
Christian Tyler Properties XV, LLC  
Reidsville Direct Project Manager, LLC  
Rich Square Project Manager, LLC  
Tampa Oaks Manager, LLC

If you have any questions or concerns regarding this matter, please feel free to contact our office.

Sincerely,  
Kirk Eicholtz

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TAMPA OAKS SENIOR LIVING, 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:

Kirk Eicholtz

\_\_\_\_\_  
Name of Person

Christian Tyler Properties, LLC

\_\_\_\_\_  
Firm/Company

4211 W Boy Scout Blvd Suite 150

\_\_\_\_\_  
Address

Tampa, Florida 33607

\_\_\_\_\_  
City/State and Zip Code

KirkEicholtz@ctp-fl.com

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

For further information concerning this matter, please call:

Kirk Eicholtz

813

786-5381

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. Name of the limited liability company: TAMPA OAKS SENIOR LIVING, LLC

2. (a) 4211 W Boy Scout Blvd Suite 150 (b) 4211 W Boy Scout Blvd Suite 150

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Tampa, Florida 33607

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Tampa, Florida 33607

02/02/2015

L15000019860

3. Date of filing/registration in Florida

4. Document number

5. (a) PURCELL, MORRIS D, JR.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

1110 NORTH FLORIDA AVENUE 2ND FL

Tampa, FL 33602

(b) PURCELL, MORRIS D, JR.

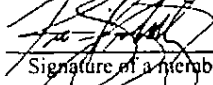
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

777 S Harbour Island Blvd Ste 320

Tampa, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member

Kirk D. Eicholtz

Printed or typed name of signee

*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

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**

FILED  
2023 AUG 14 PM 3:36  
TALLAHASSEE, FLORIDA