## L150000 21019

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. GOLDEN MAR 1 8 2019



CSC - WILMINGTON 251 Little Falls Drive . Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: March 5, 2019

Order#: 665737/015

Re: TARPON COVE VENTURES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.

2. (a)	6586 Hypoluxo Road, #192	(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of li	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Lake Worth, FL 33467						
	01/27/2015	L	L15000021019				
3.	Date of filing/registration in Florida	4.	Document num	ber			
5. (a)	Stanley Jacobson						
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	of State:				
	7575 Tarpon Cove Circle						
	Registered Office Address (MUST BE FLORIDA STREET	<del></del>	, .	21			
				•	20191		
	Lake Worth	L_33467		,	HAR -	7	
	Corporation Service Company			7. 505 7. 505 7. 505	7 PM	; [7]	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office address:		WSEN PLA	PM 1:04		
	1201 Hays Street			,	+		
	NEW Registered Office Address:						
	Tallahassee , F	T32301					
he cha igent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company of the limited lia	office and the busines	ss office red that	of the	registere ange(s)	
/s/ S	tanley Jacobson	cobson, Authorized F	obson, Authorized Person				
Signa	ture of a member or authorized representative of a member		Printed or typed na	ame of sig	gnee		
l here provisi he obl	hy accept the appointment as registered agent and ay ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address.	gree to act in this ie performance of led for in Chapte I hereby confirm	capacity. I further a f my duties, and I am r 605, F.S. Or, if this that the limited liabil	igree to Jamilia: docum lity com	compi r with ent is i pany h	ly with the and accep being filed as been	