L150000 32184

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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08/14/23--01039--004 **250.00

TÄLLAHASSEELFEÖRIÖA

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COVER LETTER

TO:	Registration Section Division of Corporations		·								
SHBJE	TAMPA OAKS MANAGER, L	TAMPA OAKS MANAGER, LLC									
	Name of Limited Liability Company										
Dear S	ir or Madam:										
The en	closed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.								
Please	return all correspondence concerning	g this matter to the	e following:								
Kirk Ei	choltz										
	Name of Person										
Christia	an Tyler Properties, LLC										
	Firm/Company										
4211 W	V Boy Scout Blvd Suite 150										
	Address										
Tampa.	. Florida 33607										
•	City/State and Zip Co	de									
KirkEid	choltz@ctp-fl.com										
H	-mail address: (to be used for future	annual report not	ification)								
For fur	ther information concerning this ma	itter, please call:									
Kirk Ei	icholtz	813 at (786-5381								
	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 follow	ving amount:									
	№ \$25 Filing Fee		\$55 Filing Fee & Certified Copy								
INHS1	8 (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.

1. Na	me of the limited liability company: TAMPA OAKS M	iana	GER, LL	.C					
2. (a)	4211 W Boy Scout Blvd Suite 150		(b) 4211 W Boy Scout Blvd Suite 150						
ω. (ω <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		ng address of ote: MAY B		-		
	Tampa, Florida 33607	_	Tan	pa, Florida	33607				
	02/20/2015	_	L1500	00032184			-		
3.	Date of filing/registration in Florida	4.		Doc	ument nur	mber	•		
5. (a)	PURCELL, MORRIS D, JR.								
	Registered Agent and Registered Office shown on the records of t	he Flor	ida Dept.	of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
	4211 West Boy Scout BlvdSte 150					₹,	20		
	Tampa, FL	33607				11.72	23 AUI	-ī.	
(0)	PURCELL, MORRIS D, JR.					IASSI	2003 AUG 14 PM 4: 51		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			TĂLLANASSEE FLORIDA					
	NEW Registered Office Address:					5			
	777 S Harbour Island Blvd Ste 320					,			
	Tampa, FL	33602	, <u>.</u> .						
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of the the companization or the operating agreement of the	registe bility f the l limitee	ered off compan imited l	ice and the y, it is here iability con ty company	business of busine	office of t med that t	he regis the chan	tered ge(s)	
Signal	purpor a plember or authorized representative of a member	_		Prin	ited or typed	name of sig	nee		
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete significants of my position as registered agent as provided by reflect a change in the registered office address, I have reflected that the change.	ee to a perfor I for it ereby	ict in thi mance o i Chapto confirn	is capacity of my dutie er 605, F.S i that the li	. I further s, and I an L. Or, if th imited liah	agree to n familiar is docume pility comp	comply with an ent is be oany has	with the d accept ing filed been	
Signatu	re of Registered Ageny								

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