L15000032374

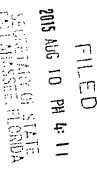
(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		;

Office Use Only



800275841788

08/10/15--01040--001 **130.00



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. The name of the corporation is TEAM FLORIDA MARKETING PARTNERSHIP, LLC.
- 2. The principal office address is 800 N. Magnolia Avenue, Suite 1100 Orlando, FL 32803.

The mailing address (if different) is: N/A.

- 3. The date of filing/registration in Florida is 02/23/2015.
- 4. The document number in Florida is L15000032374.
- 5. Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Pamela Murphy 800 N. Magnolia Avenue, Suite 1100 Orlando, FL 32803

7. The name and address of the <u>new</u> registered agent and registered office is:

Robyn Pendergrass 800 N. Magnolia Avenue, Suite 1100 Orlando, FL 32803

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.

Authorized representative of a member

Louis Laubscher

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,

Robyn Pendergrass

Mail to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$25.00