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| (Requestor's Name) | | | | | |
|---|----------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| <u></u> | WAIT | <u> </u> | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|---|--|--|--|--|
| SUBJECT: Tampa Love Doctors, LLC | | | | | |
| Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Office Ch | ange and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matt | er to the following: | | | | |
| Daniel Baughn | • | | | | |
| Name of Person | | | | | |
| Tampa Love Doctors, LLC | | | | | |
| Firm/Company | | | | | |
| 401 Harbour Place Drive, APT 1302 | | | | | |
| Address | | | | | |
| TAMPA, FL 33602 | | | | | |
| City/State and Zip Code | | | | | |
| Daniel.Baughn@iCloud.com | | | | | |
| E-mail address: (to be used for future annual re | port notification) | | | | |
| For further information concerning this matter, please | e call: | | | | |
| Daniel Baughn | | | | | |
| 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 amount: | | | | | |
| 2 \$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.

| 1. N | lame of the limited liability company: Tampa Love | Doctors, | LLC | |
|---|--|--|---|---|
| 2. (a) | | (b) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 1107 E. PATTERSON ST. | | 1107 | E. PhHesen St. |
| | TAMPA, FL 33604 | | TAM | OA, FL 3:3604 |
| | 07/10/2015 | l | .150001 | 19257 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a | Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENT Registered Office Address (MUST BE FLORIDA STREET 13302 WINDING OAK COURT A | ΓS, INC. | Dept. of State | e: |
| | TAMPA | 33612 | | - |
| (b | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Daniel Baughn | d Office add | ress: | 16 JUL 18 |
| | NEW Registered Office Address: | | | |
| | 401 Harbour Place Drive, APT 1302 | | | |
| | TAMPA , F | _{L_} 33602 | | |
| the clagent was/v | limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | of the regist liability con of the limi | ered office npany, it i ted liabilit | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in |
| | Dan My | Dan | iel Baugl | |
| I her provi the or to me notifi | wature of a member or authorized representative of a member eby accept the appointment as registered agent and ages sions of all statutes relative to the proper and completed by the proper and complete the proper and provide the provide the proper and provide the proper and provide the proper and provide the | gree to act e performa led for in C I hereby co | in this cap nce of niv hapter 603 nfirm that | Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |