U5000/25805

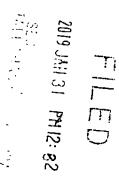
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* COVER LETTER

TO: Registration Section Division of Corporations	•
Tamariscos LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Charles Zamorski	
Name of Person	
Charles Zamorski, Inc.	
Firm/Company	
166 West Washington, Suite 340	
Address	
Chicago, Illinois 60602-2390	
City/State and Zip Code	
chuck@czamorski.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
Charles Zamorski	312 578-0122
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 amou	int:
☑ \$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. N	Fame of the limited liability company:	LC		
2. (a)	Dora Kravetz	(t	(b) Charles Zamorski, Inc.	
z. (a.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10275 Collins Avenue, #1030		166 Wε	est Washington, Suite 340
	Bal Harbour, FL 33154-1423	_	Chicago	o, Illinois 60602-2390
	7/23/2015		L150001	25805
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a	Guzman & Guzman PA			
J. (a	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ite:
	Registered Office Address (MUST BE FLORIDA STREET) 9130 S Dadeland Blvd, Suite 1509	ADDRESS	<u> </u>	7019 JAH 3 PH 12: 02
	Miami	33156		- 3 m
(b	Dora Kravetz			
(0	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:	
	NEW Registered Office Address:			_
	10275 Collins Avenue, #1030			_
	Bal Harbour , FI	33154	-1423	_
the cl agent was/v	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the reginability constants of the limited	stered officompany, it nited liabili liability co	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sign	nature of a member of surhorized representative of a member			Printed or typed name of signee
provi. the ol- to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac e perform ed for in (hereby c	t in this cap ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept is, F.S. Or, if this document is being filed the limited liability company has been

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