LIL 0000 98767

(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:





300348996143

07/27/20--01092--002 **25.00

FILED

2020 JUL 27 AM II: 43

SECRETARY OF STATE

Ja oglavha

COVER LETTER

-	gistration Section vision of Corporations					
CUBIECT	TGS Siesta Properties, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Office (Change ar	nd fee(s) are submitted for filing.			
Please retur	rn all correspondence concerning this m	atter to th	e following:			
Robert P. Sc	cheb					
	Name of Person		<u></u>			
Bowman, G	eorge, Scheb, Kimbrough, Koach & Chapm	an, P.A.				
	Firm/Company					
2750 Ringli	ng Blvd., Suite 3					
	Address	· · · · · · · · · · · · · · · · · · ·				
Sarasota, Fl	34237					
	City/State and Zip Code					
_	wmangeorge.com					
E-ma	il address: (to be used for future annual	report not	tification)			
For further	information concerning this matter, ple	ase call:				
Sandra T. A		941 at (366-5510			
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number			
<u>M:</u>	ailing Address:		Street Address:			
	gistration Section		Registration Section			
	vision of Corporations		Division of Corporations			
	D. Box 6327		The Centre of Tallahassee			
la	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the following am	ount:				
	\$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	ame of the limited liability company: TGS Siesta Prop	erties, LLC				
2. (a)		(b)				
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ` ` · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	3361 Kenmore Drive	30	3008 Hollow Valley Drive			
	Sarasota, Fl. 34231	Ke	Keller, TX 76244			
	05/20/2016	L16	.000098767			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Charles H. Ball					
J. (Δ.	Registered Agent and Registered Office shown on the records o	f the Florida Der	ot, of State:			
	Charles H. Ball & Associates, P.A.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_			
	1444 First Street, Suite B		70 2			
	Sarasota , F	L_34236	DZO JUL 27 TALLAHA			
(b)	Robert P. Scheb	TARY AHA				
	Enter name of NEW Registered Agent and/or NEW Registere	ASSE				
	Bowman, George, Scheb, Kimbrough, Koach & Chapma	an, P.A.	AMII: 44 OF STATE SEE, FL			
	NEW Registered Office Address:					
	2750 Ringling Blvd., Suite 3					
	Sarasota	L ³⁴²³⁷				
chang agent was/w the art Sign	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the attree of a member or authorized representative of a member who accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete the pr	e registered o iability compa of the limited e limited liabi Robert F	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company. 2. Scheb Printed or typed name of signee			