## LIUCCIB6233

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT .	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ · Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TA Florida Real-Estate Investors Con Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas Assant 52 Name of Person
TA Florida Real-Estate Investorsuc Firm/Company
9360 Malland st Address
Spring Hill Fl 34606 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Assante in at (973) 572-9725  Name of Person at (973) 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:
□ \$25 Filing Fee

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. Na	ame of the limited liability company: TA Florida Real-Estate Investors (16
2. (a)	9366 Mallard St (b) 9366 Mallard St
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Sorina Hill Fl 34606 Spring Hill Fl 34606
	Spring All 11 8 1808
	10/7/16 416000 186233
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Thomas Assantia / Anne Feroli
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Spring Hill ,FL 34606  Thomas Assank it  Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Spring Hill FL 34606
(b)	Thomas Assank in
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	9366 Mallard st
	Spring Hill , FL 34606
If the l	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
	icles of organization or the operating agreement of the limited liability company.
<b>519</b>	Thomas Assankin Anne Lew II
Here	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
the ob	ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notifie	d in writing of this change
Signati	are of Registered Agent