

**L17000063913**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

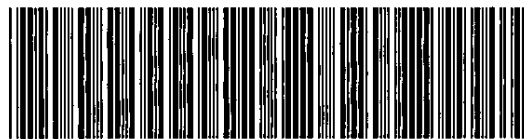
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
2017 MAY 12 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 15 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tyson Capital Group LLC

\_\_\_\_\_  
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:

Robert Tyson

\_\_\_\_\_  
Name of Person

Tyson Capital Group LLC

\_\_\_\_\_  
Firm/Company

1702 W Cleveland ST, Apt 302

\_\_\_\_\_  
Address

Tampa, FL 33606

\_\_\_\_\_  
City/State and Zip Code

rtyson@tysoncapitalgroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Tyson

at ( 703 ) 606-6276

\_\_\_\_\_  
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:**

☒ \$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. Name of the limited liability company: Tyson Capital Group LLC
2. (a) 1702 W Cleveland St  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Apt 302  
Tampa, Florida 33606
- (b) 1702 W Cleveland St  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Apt 302  
Tampa, Florida 33606
3. 3/21/2017 Date of filing/registration in Florida
4. L17000063913 Document number

5. (a) Tyson, Robert S  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1702 W Cleveland ST

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Apt 302  
Tampa, FL 33606

- (b) Don Young  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4645 Clyde Morris Blvd  
NEW Registered Office Address:  
Suite 401

Port Orange, FL 32129

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.

[Signature]  
Signature of a member or authorized representative of a member

Robert Tyson  
Printed or typed name of signer

*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]  
Signature of Registered Agent

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

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TALLAHASSEE FLORIDA