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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
<del></del>				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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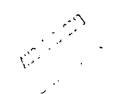
Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations

Tammy Lynn Garro, LLC

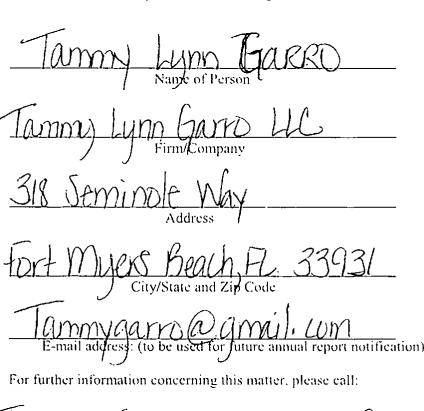
SUBJECT:

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:



STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

Area Code & Davtime Telephone Number

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

S25 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 o, Florida.

L N	ame of the limited liability company: TAMMY LYNN	I GAR	RO, LLC
2. (a)	18130 PARKRIDGE CIRCLE	(b	18130 PARKRIDGE CIRCLE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FORT MYERS, FL 33908	_	FORT MYERS, FL 33908
	06/19/2017		L17000133550
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	COTTRELL TAX & ACCOUNTING, LLC		
	Registered Agent and Registered Office shown on the records of the S147 CASTELLO DR	ne Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.	
	NAPLES FL	34103	
<b>4</b> (b)	TAMMY LYNN GAR		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  381 SEMINDLE WAY		
	NEW Registered Office Address:		
	FT. MyEM BESEL	<u>+</u>	
	FL_	3:	3931
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility co f the lim	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agreions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ally reflect a change in the registered office address. I have the complete this change if it	re to act performo! I for in C ereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

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