L18 00000 1183

(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:					

Office Use Only



700341701117

03/12/20--01014--021 **25.00

S TALLENT

MAR 3 0 2020

COVER LETTER

TO: Registration Section Division of Corporations	·- ·
Tana	a Therenez Aire
SUBJECT: () //m E.	S TASSELL PLLC Name of Limited Liability Company
	Name of Emmed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regis	tered Office Change and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
JAMES TASSELL Name of Pers	
Thines Trassec	ry PLLC
1947 RINGLING BLV Address	<u>'D</u>
SARASOTA FL City/State and Zi	74236 p Code
E-mail address: (to be used for f	
For further information concerning th	is matter, please call:
	at (<u>141</u>) <u>726 0723</u> Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the f	ollowing amount:
2 \$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR DOTH 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	me of the limited liability company:	TASSEL	c, Pilc	
2. (a)	111	114-7 RINGLING Mailing address o		
2	<u> 01/02/18</u>	- <u>,</u> -	L180000118	-
3.	Date of filing/registration in Florida	4.	Document nur	mber
5. (a)	KODATZ JO ANN M			
	Registered Agent and Registered Office shown on the records of t	the Florida (Sep	t, of State:	
	1613 FRUITVILLE RD	4 25 25 25 25 25 25 25 25		
	Registered Office Address <u>(MUST BE FLORIDA STREET)</u>	<u>(DDRESS)</u>		
	SARASUIA FL 34236			
	. FL			
				20
(b)	JAMES TASSELL			2020 MAR
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	<u>2</u> :	
				2
	1947 RINGLING BLUD			A
	NEW Registered Office Address			= 3
	SARASOTA FL 34226			: 2
				©
	. FL	,		
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of ability compared of the limited	ffice and the business my, it is hereby confir liability company or a	office of the registered rmed that the change(s)
 	ure of a member or authorized representative of a member	01	Printed or typed	,
_	·			
provision the obli to mere	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	ee to act in to performance I for in Chap iereby confir	his capacity. I further of my duties, and I a ster 605, F.S. Or, if th m that the limited liab	r agree to comply with the m familiar with and accept ais document is being filed bility company has been
	Thoseic			
Signatui	re of Registered Agent			