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## **COVER LETTER**

CO: Registration Section Division of Corporations				
Tavallo				
SUBJECT: Tayo LLC	of Limited Liability Company			
	or issued blacking 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 i	matter to the following:			
Pamela Gervacio				
Name of Person				
Firm/Company				
Address				
City/State and Zip Code				
pmgervacio@gmail.com				
E-mail address: (to be used for future annua	l report notification)			
For further information concerning this matter, pl	ease call:			
Pamela Gervacio	at (573 ) 3372743			
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:				
2 \$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. N	lame of the limited liability company: Tayo LL	_C	
2. (a)	EASE & Dala Mahry #932	(b)	П
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa		
	FL, 33611		
	03/01/2018	L18	000055230
3.	Date of filing/registration in Florida	4,	Document number
5. (a	, Pamela Gervacio		
J. (a	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	5055 S Dale Mabry, #832		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	Tampa	<sub>FL</sub> 33611	<del>"</del> : .
	Pagistared Agents Inc		
(b		1000	<del></del>
	Enter name of NEW Registered Agent and/or NEW Register	rea Office address:	
	7901 4th St N		
	NEW Registered Office Address:	_	
	STE 300		
	St. Petersburg	<sub>FL</sub> 33702	
the chagent was/v the ar	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles of organization or the operating agreement of the member ticles o	of the registered Hiability comparts of the limited l he limited liabili	I office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in try company.  Gervacio
•	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	agree to act in the ete performance ided for in Chapi I hereby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

- Assistant Secretary

Bill Havre

Signature of Registered Agent