L18000084462

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07/06/21--01020--014 **25.00

6 PH 3: 46

COVER LETTER

Tarc Services LLC SUBJECT:		
	`Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the	following:
Ara James Scott		
Name of Person		
Tarc Services LLC		
Firm/Company		
4927 Tern Street		
Address		_
Sarasota Fl 34232		
City/State and Zip Code		
tarcllcdemo@gmail.com		
E-mail address: (to be used for future annual r	-	(cation)
For further information concerning this matter, plea	ise can:	
Ara James Scott	941 t (806-9943
Name of Person		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 following amo	ount:	
■ \$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.

(a)	4927 Tern Street	(b)	4927 Tern Street
(**)	Principal office address of limited liability company:	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(Note: MUST BE STREET ADDRESS)		
	Sarasota Florida 34232		Sarasota Florida 34232
	04/03/2018		L18000084462
	Date of filing/registration in Florida	4.	Document number
7.5	Radana Jasek		
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	1044 Meadow Breeze Ln	·	
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS)	
			
	Compate	34240	
	Sarasota , FL		
			<i>€</i> ,
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Early name of the workegistered agent and/or the registered	Office address.	PH 3: 46
	Ara James Scott		F. 6
	NEW Registered Office Address:		
	4927 Tern Street		
		<u>, , , , , , , , , , , , , , , , , , , </u>	
	Sarasota F1	34232	
		·	
	mited liability company is not organized under the law or changes are made, the Florida street address of the		
gent w	rill be identical. Or, in the case of a Florida limited lia	ibility compan	y, it is hereby confirmed that the change(s)
	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the		
	,	Titled Title	
Signat	Rolling Journ ure of a member or authorized representative of a member		Printed or typed name of signee
hereb ovisie	ov accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I h	ce to act in the performance of	is capacity. I further agree to comply with the of my duties, and I am Jamiliar with and acceptor 605. F.S. Or, if this document is being file.