L19000018460

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entry Nume)							
(Document Number)							
Certified Copies Certificates of Status							
Constallation of Silver Office							
Special Instructions to Filing Officer:							





700325283367

03/04/13--01016 -021 **35.00

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March 12, 2019

BRYAN WISNOM PO BOX 20757 BRADENTON, FL 34204

Ref. Number: 700325283367

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 819A00004977

Tacarri K Glass Regulatory Specialist II

COVER LETTER

TO:	: Registration Section Division of Corporations								
CHDIL	ecr.	TITHN GARAGE	ef ele						
3000	SUBJECT: //THIN CARACTULE, CC Name of Limited Liability Company								
Dear S	ir 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:									
_ 	BRYAN	Wame of Person							
- Amine of Ferson									
	174W -	PANAGE Firm/Company							
	Po. B								
_ 2	20757								
		Address							
BI	CADENTO	ity/State and Zip Code	204						
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
BRYAN WISNOM at 4/0 578-2169 Name of Person Area Code & Daytime Telephone Number									
	Name	of Person	Area Code & Daytime Telephone Number						
	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the following amount:								
	S25 Filing	Fee	S55 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.

I. Na	ame of the limited liability company:	TAR	AGE LCC	<u>-</u>	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) BRADENTON, FL 34211	.5 (b)	Mailing ado	dress of limited lia <u>AAY BE POST O</u>	FFICE BOX)
3. 5. (a)	Date of/filing/registration in Florida DAN STAFFORD Registered Agent and Registered Office shown on the records of the	4.		18460 ent number	
	1/230 RANCH CREEK TER APT 20 Registered Office Address (MUST BE FLORIDA STREET AD	3			
(b)	Enter name of NEW Registered Agent and/or NEW Registered O 39/6 Coconut TER. NEW Registered Office Address:				
		34:	210		
the cha agent v was/we the art	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of intest of organization or the operating agreement of the liability of a member or authorized representative of a member	ne regist fility cor the limi mited li	ered office and the npany, it is hereby ted liability compar	business office confirmed that my or as otherw	e of the registered the change(s) rise provided in
provisi the obi to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete poligations of my position as registered agent as provided pely reflect a change in the registered office address. I he d in writing of this change. It is of kegistered agent Division of Corporations • P.O. Bo	e to act i erforma for in Ci reby co	in this capacity. I fince of my duties, and hapter 605, F.S. On high the limite	urther agree to nd I am familia r, if this docun ed liability con	comply with the

FILING FEE: \$25.00