

LI9000065853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 APR 17 PM 2:41
STATE OF ARIZONA
TAMPA, FL

R. WHITE
APR 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Symposium of Tampa
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:

Matthew Feagin

Name of Person

Symposium of Tampa

Firm/Company

5410 S Elkins Ave

Address

Tampa, FL 33611

City/State and Zip Code

matt.feagin@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Feagin

at (352) 514-5599

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

RECEIVED
MAR 22 2013

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2019

MATTHEW FEAGIN
5410 S ELKINS AVE
TAMPA, FL 33611

SUBJECT: SYMPOSIUM OF TAMPA LLC
Ref. Number: L19000065853

SECRET
TALLAHASSEE, FL

2019 APR 15 PM 2:48

RECEIVED

We have received your document for SYMPOSIUM OF TAMPA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Part (b) of section 3 cannot be left blank. Please complete part (b) with the new registered agent's information.

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) 245-6050.

Rebekah White
Regulatory Specialist III

Letter Number: 519A00006451

**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. Name of the limited liability company: Symposium of Tampa
2. (a) Symposium of Tampa, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
19541 Gulf Boulevard
Indian Shores, FL 33785
- (b) Symposium of Tampa, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
5410 S Elkins Ave
Tampa, FL 33611
3. 03/07/2019 Date of filing/registration in Florida
4. L19000065853 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Matthew Feagin

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5410 S Elkins Ave

Tampa, FL 33611

- (b) Matthew Feagin
Enter name of NEW Registered Agent and/or NEW Registered Office address:

5410 S Elkins Ave
NEW Registered Office Address:

Tampa, FL 33611

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Matthew Feagin
Signature of a member or authorized representative of a member

Matthew Feagin

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Matthew Feagin
Signature of Registered Agent