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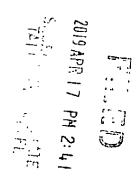
(Requestor's Name)	
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R. WHITE

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations		
Symposium of Tampa		
	me of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	his 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 ann	nual report notification)	
For further information concerning this matter,	c, please call:	
Matthew Feagin	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 MAR 2.2	
Enclosed is a check for the following	g 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

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.	Na	me of the limited liability company: Symposium of	of Tamp	a					
2. ((a)	Symposium of Tampa, LLC	(b))	Sympos	sium of Tan	npa, LLO		
\	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	·) .		Mailing address (Note: MAY)		_	• •
		19541 Gulf Boulevard		;	5410 S	Elkins Ave			
		Indian Shores, FL 33785	_	-	Tampa,	FL 33611			
		03/07/2019		L	190000	65853			
3.		Date of filing/registration in Florida	4.			Document no	umber	•	
5.	(a)								
٥.	(α)	Registered Agent and Registered Office shown on the records of	the Florida	a D	ept. of Stat	– e:			
		Matthew Feagin							
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>5)</u>		_	c	2	
		5410 S Elkins Ave					F.	919	
		Tampa , FI	33611			_	7	2019 APR	* ****
(Ì	b)	Enter name of NEW Registered Agent and/or NEW Registered (Still S Elkin S Ave NEW Registered Office Address:			ess:	-	131 171 173 173	PH 2:41	
		Tampa	33	6	i)	-			
the ager was the	cha nt w /we arti	mited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the under the operation of a member or authorized representative of a member	the regise ability confidence of the limited l	ste om ite lia	red office pany, it i ed liabilit	e and the busi s hereby conf y company or npany.	ness officirmed tha	ce of that the ch	e registered nange(s)
Si	gnat	ure of a member or anthorized representative of a member				Printed or type	d name of s	signee	
pro the to n	visi obli iere	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change	ree to act perform d for in C hereby co	t ir an Ch on	this cap ce of my apter 603 firm that	oacity. I furthe duties, and I o 5, F.S. Or, if i the limited lie	er agree t am famili this docu ability con	o comp ar with ment is mpany	oly with the and accept being filed has been
Sign	າສເບາ	re of Registered Agent							

Division of Corporations • P.O. Box 6327 • Tallahassee, FI. 32314 FILING FEE: \$25.00