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COVER LETTER

	Registration Section Division of Corporations			
SUBJE	Thundercloud Hunting Club, LL	С		
SOBOLO	1	Name of Limited Li	ability Company	
Dear Sir	or Madam:			
The enc	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filir	ng.
Please re	eturn all correspondence concerning	g this matter to the i	following:	
Robert C	idel		<u></u>	
	Name of Person			
	Firm/Company			
100 0				:
100 S. A	shley Drive, Suite 2000			. ,
	Address			,
Tampa,	FL 33602			٠. ٣
	City/State and Zip Coo	le	- -	
——————————————————————————————————————	mail address: (to be used for future	annual report notifi	cation)	
For furt	her information concerning this mat	ter, please call:		
Robert (Gidel	813 at (472-7555	
	Name of Person		Area Code & Daytime Te	elephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810
	Enclosed is a check for the follow	ing amount:		
	■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Co	ору
INHS18	(2/14)			

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.

		(b	o)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	30255 State Road 62		1038 S. Frankland Road
	Partish, FL 34219		33629
	07/31/2019		L19000185271
	Date of filing/registration in Florida	4.	Document number
(a)	Gidel, Robert H, Jr		
(b)	Registered Agent and Registered Office shown on the record	a Dept. of State:	
	Gidel, Robert H, Jr		
	Registered Office Address (MUST BE FLORIDA STRE		
	400 N. Ashley Drive Suite 1100		·
	Tampa	, FL_33602	
		, FL	 ;
	Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:	ered Office ad	idress:
	100 S. Ashley Drive Suite 2000		
			
	Tampa	, FL	

Signature of Registered Agent