

L200000262961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

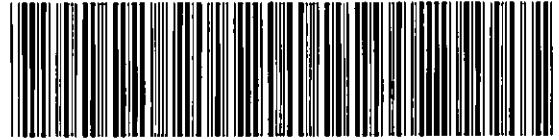
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100372756401

FILED

2021 NOV -8 AM 10:44

RECEIVED

2021 NOV -8 AM 10:41

FLORIDA STATE
SECRETARY



Y SULKER

NOV 09 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/08/2021

****WALK IN****

ENTITY NAME TRG management LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

S. R. H

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRG MANAGEMENT LLC

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:

Brad C

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Lane

Address

717-210-5263

City/State and Zip Code

corporate@harborcompliance.com

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

For further information concerning this matter, please call:

Brad at (717) 2105263

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

Enclosed is a check for the following amount:

☐ \$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.

TRG MANAGEMENT LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____
Principal office address of limited liability company. Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

401 E. Jackson St 3300

7521 Paula Dr #260085

Tampa, FL 33602

Tampa, FL 33685

08/25/2020

L20000262961

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) **COGENCY GLOBAL INC.**
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 NORTH CALHOUN ST.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 4

TALLAHASSEE, FL 32301

(b) **Registered Agents Inc.**
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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.

Signature of a member or authorized representative of a member

Jennifer Ulrich

Print name of registered agent of state.

I hereby accept the appointment as registered agent and agree to act in this capacity. I do not agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I do not hereby and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. I do not consent or hereby 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.

Signature of Registered Agent

Bill Havre

- Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00