## L20000262961

(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:							
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)						
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status							
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)						
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Office Use Only



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## **COVER LETTER**

то:	Registration Section Division of Corporations							
SUBJ	TRG MANAGEMENT LLC							
0020	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered	Office Chan	gc and	fcc(s) are submitted for filing.				
Plcaso	return all correspondence concernin	g this matter	to the f	following:				
	Dylan Marma							
	Dylan Marma  Name of Person							
	rune or runon							
	Registered Agents	Inc						
	Firm/Company							
	7901 4th St N Ste 3	00						
	Address			<del>_</del>				
	St. Petersburg, FL 3	3702						
	City/State and Zip Co	dc						
	dylan@therequitygr	oup.com	l					
	E-mail address: (to be used for future	annual repor	rt notific	cation)				
For fu	rther information concerning this ma	tter, please e	all:					
	Dylan Marma	at (	+1	, 619.535.1000				
	Name of Person	ar	<u></u>	Arca Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the follow	ving amount	:					
	■ \$25 Filing Fcc		□ S5	55 Filing Fcc & Certified Copy				
INHSI	8 (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.

1. N	ame of the limited liability company: TRG MA	NAGE	MENI L	LC
2. (a)	401 E Jackson St Ste 3300 Tampa, FL 33602  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)		tula Dr # 260085 Tampa, FL 33685  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
			L300	002629101
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agents Inc			
, ,	Registered Agent and Registered Office shown on the records of the	ne Florida D	ept. of State	:
	7901 4th St N Ste 300			
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		
	St. Petersburg , FL_	337	02	
(b)	Virtual Post Solutions, Inc.			
	Enter name of NEW Registered Agent and/or NEW Registered (	Office addr	ess:	
	1032 E Brandon Blvd			
	NEW Registered Office Address:	_		
	Brandon .FL	335	11	
changagent was/w	limited liability company is not organized under the laws or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liable creauthorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable.	egistered oility com the limite	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	nure of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and agresions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had writing of this change.  Let of Registered Agent	e to act ir erforman for in Ch ereby con	this capa ce of my d apter 605, firm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been