

L20000287463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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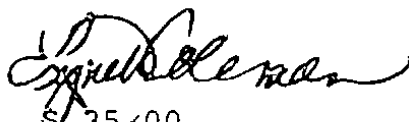
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 389096 5152828

AUTHORIZATION :



COST LIMIT : \$ 25,000

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ORDER DATE : January 20, 2023

ORDER TIME : 8:21 AM

ORDER NO. : 389096-020

CUSTOMER NO: 5152828  
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CHANGE OF AGENT

NAME: TEXAS FF CAPITAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Texas FF Capital, 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:

Julia Race

\_\_\_\_\_  
Name of Person

Texas FF Capital, LLC

\_\_\_\_\_  
Firm/Company

2203 N. Lois Ave, Suite 814

\_\_\_\_\_  
Address

TAMPA, FL 33607

\_\_\_\_\_  
City/State and Zip Code

Julia.race@myfamilyfirsthc.com

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

For further information concerning this matter, please call:

JONATHAN BRANDES

954  
at ( )

768-5206

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area 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 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

ursuant 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.

Name of the limited liability company: Texas FF Capital, LLC

(a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2203 N. Lois Ave, Suite 814  
TAMPA, FL 33607

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
2203 N. Lois Ave, Suite 814  
TAMPA, FL 33607

09/14/2020

L20000287463

Date of filing/registration in Florida

4.

Document number

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

DIXON, JIM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13123 W LINEBAUGH AVE STE 102

TAMPA

FL 33626

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee

FL 32301

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

[Signature]  
Signature of a member or authorized representative of a member

CARSON BARNES

Printed or typed name of signee

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

[Signature]  
Signature of Registered Agent

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