## L20 000297650

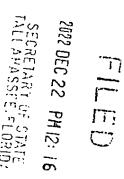
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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A. RIVERS MAR - 7 2023

## . 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.

l. Na	ime of the limited liability company: TAMPA FALKEN	VBUR	G, LLC					
2. (a)	9671 S. ORANGE BLOSSOM TRAIL.		(b) 9671 S. ORANGE BLOSSOM TRAIL					
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  ORLANDO, FL 32837					
	ORLANDO, FL 32837							
	09/30/2020		L2000029	7650		_		
3.	Date of filing/registration in Florida	4.	<del></del>	Document nun	nber			
5. (a)	ALTON L. LIGHTSEY							
J. (4)	Registered Agent and Registered Office shown on the records of t	the Flor	ida Dept, of St	ate:				
	Registered Office Address	1DDRE	<u>(SS)</u>					
	2105 N. PARK AVE.							
	WINTER PARK, FL	32789		_				
(b)					SE	2022 DEC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	addr <u>ess</u> :		두문	別	TI	
	222 W COMSTOCK AVENUE				PHUSSE	22	TILE	
	NEW Registered Office Address:					PM		
	SUITE 200				10.7 71.5	PM 12:	U	
	WINTER PARK, FL	32789	·		RID!	[]		
change agent v was/we the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l limite	ered office a company, it imited liabil	and the business of is hereby confirming or a company or a company.  GHTSEY	office of the med that the is otherwis	e regis e chan e provi	tered ge(s)	
	ture of a member or authorized representative of a member			Printed or typed	•			
provisi the obl to mer	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It din writing of this change.	ee to a perfor d for it hereby	ict in this ca mance of m i Chapter bi confirm tha	pacity. I further y duties, and I an 05, F.S. Or, if th at the limited liab	agree to confamiliar vis documer ility compa	omply with an it is be- any has	with the d accept ing filed been	
Signatu	ire of Registered Agent							