L21000134208

(Requestor's Name)						
(Address)						
(Address)						
(Ci	ity/State/Zip/Phone	#)				
PICK-UP	MAIT WAIT	MAIL				
	usiness Entity Name	<i>-</i>				
(2)	James Entity (Valle	·,				
	ocument Number)					
(0)	ocument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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S. ROBERTS MAR 0 5 2025

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	TAMPA WEST PROPERTIES I	JLC				
0020		Name of Limited Liability Company				
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the	following:			
Willia	m C Weldon					
	Name of Person		_			
TAME	PA WEST PROPERTIES LLLC					
	Firm/Company					
14165	N Bayshore Drive					
	Address					
Madeir	ra Beach FL 33708					
	City/State and Zip Cod	e				
Casey	@adsdry.com					
E	E-mail address: (to be used for future	annual report notif	ication)			
For fu	rther information concerning this mat	ter, please call:				
WILLI	AM CASEY WELDON	813 at (695-0064			
	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	ing amount:				
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHST	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. No	ame of the limited liability company: TAMPA WEST	I PROPERTIE	S I,LLC			
2. (a)		(b)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(4) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 14165 N Bayshore Dr			
	14165 N Bayshore Dr	1-				
	Madeira Beach, FL 33708	, <u>, , , , , , , , , , , , , , , , , , </u>	dadeira Beach, FL 3370	each, FL 33708		
	03/31/2021	1.2	1000134208			
3.	Date of filing/registration in Florida	4.	Document n	number		
5. (a)	TK REGISTERED AGENT , INC.					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 101 EAST KENNEDY BLVD SUITE 2700			20		
	TAMPA	FL_33602		2025 JAN 31 SEGRELAHN		
	WILLIAM CASEY WELDON			JAN 31 A		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>88</u> :	SSEE			
				M 9: 23		
	NEW Registered Office Address:			(F)		
	14165 N BAYSHORE DRIVE					
	MADEIRA BEACH	FL				
change agent v was/we the arti Signa	imited liability company is not organized under the core changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the true of a member or authorized representative of a member by accept the appointment as registered agent and a point of all statutes relative to the proper and completing affirms of my position as registered agent as providely reflect a change in the registered office address.	he registered of liability comp s of the limited liab will. Lib gree to act in	office and the busines pany, it is hereby confund liability company of office of the company. AM CASEY WELDON Printed or type this capacity. I further	is office of the registered firmed that the change(s) in as otherwise provided in the change of signee to comply with the		
	re of Registered Agent					