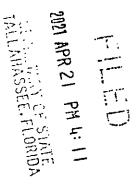
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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special institutions to 1 ming officer.		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TC Legacy Group, U	C. Limited Liability Company
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Name of Person	
Roalstepod Agant Inc	
Firm Company	
7901 4th Stn STE 300	
7901 71 5771 , STE 300 Address	
St. Peters burg, F1 33702 Sity/State and Zip Code	
)) (1) ~ ()	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	
·	
Tabilha Croshy ::	(407) 802-5596
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	unt:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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. Name of the limited liability company: TC Legac	y Grand LLC
2 (a) 12472 Lake Underhill Rd	m 12472 Lake Underhill Rd.
Principal office address of limited liability company:	Mailing address of limited liability company:
(<u>Note: MUST BE STREET ADDRESS</u>)	(<u>Note: MAY BE POST OFFICE BOX</u>)
Sarte 121	Suite 121
Delando Fl 32828	Delande Fl 32828
7 77 7.5	1 0 2 5
3. Date of filing/registration in Florida	
·	4. Document number
5. (a) Tability CROSDY Registered Agent and Registered Office shown on the records of	the Florida Dept. of State
	the Forma Dept. of State,
Registered Office Address MUST BE FLORIDA STREET	ADDRESS)
Sufepl	2021
<u>Delando</u> - FI	32838 INTASS
(b) Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	me, p III
7901 49h S+ 11 NEW Registered Office Address:	DRIDA
STE 300	<u>.</u>
St. Petersburg FI	. 35702
If the limited liability company is not organized under the lay change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
	Tabilha Cross by Printed or typed name of signee
Signature of member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I k notified in writing of this change.	as to set in this servicity. I firstly comes to symply with the

Signature of Registered Agent