L21000282405

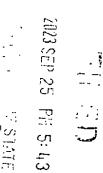
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filling Officer:							
Special Instructions to Filing Officer:							

Office Use Only



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-			COVER L	LETTER		
TO:	_	istration Section sion of Corporations	•	u.		
SUBJ	ECT:	T.R. Sharp Consulting LLC				
		1	ability Compa	ny		
Dear :	Sir or N	Madam:				
The e	nclosed	d Registered Agent/Registered	Office Change and	fec(s) are subr	nitted for filing.	
Please	returr	all correspondence concerning	g this matter to the f	ollowing:		
Timot	hy Shar	q				
		Name of Person				
T.R. S	harp C	onsulting LLC				
		Firm/Company		_		
4955	Asbury	View Dr Unit 302				
		Address		_		
Tamp	a, FL 3.	3619				
		City/State and Zip Cod	le	_		
reed@	trscons	sultingile.com				
	E-mail	address: (to be used for future	annual report notifi	cation)		
For fi	irther i	nformation concerning this mat	tter, please call:			
Timot	hy Shai	rp	410 at (463-2963		
		Name of Person		Area Code &	& Daytime Telephone Number	
	Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dispersion Box 6327		The Centre 2415 N. M	on Section f Corporations e of Tallahassee lonroe Street, Suite 810	
	- 441	The second secon			e, FL 32303	

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

-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. Na	ame of the limited liability company:	sulting !	LLC		
2. (a)	T.R. Sharp Consulting LLC		T.R. Sharp Consulting LLC		
• /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of	limited liability company:	
	4955 Asbury View Dr Unit 302		4955 Asbury View Dr Unit	302	
	Tampa, FL 33619		Tampa, FL 33619		
	6/17/2021		L21000282405		
3.	Date of filing/registration in Florida	— 4.	Document nun	nber	
5. (a)	Timothy Sharp				
J. (a)	Registered Agent and Registered Office shown on the records o	rida Dept. of State:			
	4400 W Spruce St				
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ECC		
	Apt 487				
	Tampa	L_33601	,		
			•		
(b)	Timothy Sharp			202:	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:	- SE	
	4955 Asbury View Dr			023 SEP 25	
	NEW Registered Office Address:				
	Unit 302			PH 5: 43 YESTATE VENT	
			= 	- SS - SE -	
	Tampa	33619		1. T. 3.	
cnange agent w was/we	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members called organization or the operating agreement of the	ws of t regist ability of the I limite	he State of Florida, it is herebered office and the business o company, it is hereby confirmited liability company or as	ffice of the registered ned that the change(s) cotherwise provided in	
Signati	ure of a member or authorized representative of a member		Printed or typed n	ame of signee	
he obli o mere	oy accept the appointment as registered agent and agnoss of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I it writing of this change.	ree to a perfor d for it hereby	on in this community. I for the con-		
Signatur	r of Registered Agent				

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