Florida Department of State 3109 Division of Conjuntions 3109 Conjuntion of Conjuntions 3109

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H240001302553ABCW

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 Phone : (718)878-5811 Fax Number : (718)732-4580

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

REPAIR OF STATE OF ST

LLC REGISTERED AGENT CHANGE TAMPA MC CAPITAL VENTURES LLC

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K. Brumbley

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: TAMPA MC CAPITAL VENTURES 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:

Mark Fuchs			
Name of Person		_	
File Right RA Services, LLC			
Firm/Company		_	
1425 37th Street, Suite 201			
Address		_	
Brooklyn, NY 11218			
City/State and Zip Code			
agent@fileacorp.com			
E-mail address: (to be used for future a	nnual report notifi	cation)	
For further information concerning this matter	er, please call·		
Sara Ringel	718 at (878-5811	

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

H240001302553

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. 1	Name of the limited liability company: TAMPA M	C CAPI	TAL VENTURES LLC	
2. (a	172 Madison Avenue Suite 501 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Lakewood, NJ 08701	(b) _ 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	11/17/2021 Date of filing/registration in Florida	 - 4.	L21000493109 Document number	
5. (8) Business Filing Incorporated			
	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Rd, Plantation, FL 33326 Registered Office Address (MUST BE FLORIDA STREET A	. of Sinte:		
(b	File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered	Office address	2024 6772 - 9	
	625 E Twiggs Street, Stc. 110		<u> </u>	
	NEW Registered Office Address:			
chang	Tampa, FL 33602 limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia	registered of bility compa	ffice and the business office of the registered .ny, it is hereby confirmed that the change(s)	
was/v	vere authorized by an affirmative vote of the members o ticles of organization or the operating agreement of the	f the limited limited liabil	liability company or as otherwise provided in lity company.	
	Mark Fuchs	Mark Fu	chs, Authorized Person	
I her provi the o to me notifi	elurc of a member or authorized representative of a member eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address, I h ed in writing of this change. Mark Fuchs	ee to act in ti performance I for in Chap ereby confir	Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ther 605, F.S. Or, if this document is being filed in that the limited liability company has been	
Signa	ture of Registered Agent			