L22000 118918

(F	Requestor's Name)					
(Å	Address)					
	Address)					
(0	City/State/Zip/Phone #)					
PICK-UP	TIAW	MAIL				
(E	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of S	Status				
Special Instructions to Filing Officer:						
<u> </u>						





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COVER LETTER

TO:

INHS18 (2/14)

то:	Registration Section Division of Corporations		
SURJE	REIDSVILLE DIRECT PROJECT N	MANAGER, LLC	
., 0 1,01		ne of Limited Liab	pility Company
Dear Si	r or Madam:		
The en	closed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the fol	llowing:
Kirk Ei	choltz		
	Name of Person	_	-
Christia	n Tyler Properties, LLC		
	Firm/Company		-
4211 W	Boy Scout Blvd Suite 150		
	Address		.
Tampa,	Florida 33607		
	City/State and Zip Code		-
KirkEic	holtz@ctp-fl.com		
Е	-mail address: (to be used for future ann	ual report notifica	ation)
For fur	ther information concerning this matter,	please call:	
Kirk Ei	choltz	813 at (786-5381
	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

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.

134	me of the limited liability company:				ANAGER,	
a)	4211 W Boy Scout Blvd Suite 150	(b) 4211 W Boy Scout Blvd Suite 150				
·, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	•		(<u>Note: A</u>	dress of limited liability company: MAY BE POST OFFICE BOX)
	Tampa, Florida 33607	<u> </u>		Tampa, I	Florida 3360)7
	03/08/2022		1	 L2200011	8918	
	Date of filing/registration in Florida	- 4.	-		Docume	ent number
	PURCELL, MORRIS D, JR.					
(a)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of St	tate:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS.	<u> </u>		
	1110 NORTH FLORIDA AVENUE SUITE 200					
	Tampa, FI	3360	2			20°
(b)	PURCELL, MORRIS D, JR.					P3 AUG
. - <i>y</i>	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Offic	e ade	d <u>ress</u> :		2023 AUG I 4 PM 4: 23 TALLAHÁSSÉE FLURIDA
	NEW Registered Office Address:					
	777 S Harbour Island Blvd Ste 320				_ _	23 RIDA
	Tampa, F.	L <u>3360</u>	2			
inge ent v s/w art	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members in the properties of the members of the properties of a plember or authorized representative of a member	e registiability of the control of the	tere y co lim ed l	d office : mpany, i ited liabi	and the bust is hereby lity compa ompany.	confirmed that the change(s)
/	the accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this shange.	ree to e perfo ed for hereb	act orma in C	in this co unce of m Chapter 6 onfirm the	angolto II	further cores to comply with t

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