

(shown below) on the top and bottom of all pages of the document.

(((H23000146791 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:__

LLC REGISTERED AGENT CHANGE TAG 331 INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help LEMIEUX APR 2 0 2023



H23000146791 3

COVER LETTER

TO:	Registration Section Division of Corporations							
				Δ.				
SUBJI	ECT:	TAG 331 Investment, LLC	Name of Limited Liability Company Agent/Registered Office Change and fee(s) are submitted for filing. Indence concerning this matter to the following: Name of Person Inc. Firm/Company I Southwest Pkwy. Ste 400 Address Address Address Address Agent/Registered Office Change and fee(s) are submitted for filing. Inc. Firm/Company I Southwest Pkwy. Ste 400 Address Address Address Address Agent/Registered Office Change and fee(s) are submitted for filing. Inc. Firm/Company I Southwest Pkwy. Ste 400 Address Address Address Address Address Agent/Registration Address Street Address: Registration Section Division of Corporations The Centre of Tallahassee					
Dear S	ir or N	Madam:						
The en	closed	d Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.				
Please	return	all correspondence concerning	this matter to th	ee following:				
Vaness	a Cast	illo						
		Name of Person						
Registe	ered A	gent Solutions, Inc.						
		Firm/Company						
Corpor	ate Ce	nter One, 5301 Southwest Pkwy, S	Ste 400					
		Address						
Austin,	, TX 78	8735						
		City/State and Zip Cod	e					
E	-mail	address: (to be used for future	annual report no	tification)				
For fur	ther ii	nformation concerning this mat	ter, please call:					
Vaness	a Cast	illo		705-7274				
		Name of Person		Area Code & Daytime Telephone Number				
	Mai	ling Address:		Street Address:				
		istration Section						
		sion of Corporations		Division of Corporations				
		Box 6327		•				
	Tall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Encl	losed is a check for the follow	ing amount:					
	O \$2	25 Filing Fee	0	\$55 Filing Fee & Certified Copy				
INHS18	8 (2/14)						

H23000146791 3

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.

. (a)	975 6TH AVE SOUTH			(b) P.O. BOX 250							
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	-,.		Mailing add (<u>Note: A</u>		limited liab POST OF	-			
	SUITE 200	_	-	PINELLA	S PARK, I	FL 337	81				
	NAPLES. FL 34102	-	_								
	5/11/2022		L	220001931	170						
(a)	Date of filing/registration in Florida WILLIAM B. YEOMANS, JR.	4.			Documer	nt num	iber				
(41)	Registered Agent and Registered Office shown on the records of the 975 6TH AVE SOUTH	e Florida	ı D	ept, of State	- e:						
	Registered Office Address (MUST BE FLORIDA STREET ALL SUITE 200	DDRESS	<u>5)</u>		-						
	NAPLES , FL 3	4102			_						
(b)	Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> 155 Office Plaza Dr.	Office ad	dr	<u>?\$\$</u> ;				61 1888			
	NEW Registered Office Address:				-		•) E	ζ		
	Suite A						Ŧ.,	<u> </u>			
		2301			_			2. †			
ange ent w is/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re zill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited	gistere ility co the lim	ed m nite	office and pany, it is ed liability	d the busi s hereby c y compan	ness of online	ffice of the	ne regist he chan	ered ge(s)		
r	Nicole Smigliani	Nice	ole	Smigliani		 	ember		<u> </u>		
-	ure of a member or authorized representative of a member						ame of sign				
ovisie obli mere	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided to It reflect a change in the registered office address, I he I'in writing of this change.	e to act erforma for in C reby co	in and he onf	this capa ce of my a ipter 605, irm that t	icity. 1 fu luties, and , F.S. Or, the limited	riner e Ham if this Hiabit	igree to c familiar s docume lity comp	comply with an nt is bei any has	vith th d acce ng file been		
.,	Mackenzie Hihler Asst Secreta										

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent