

L22000234316

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





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COVER LETTER

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INHS18 (2/14)

TO:	Registration Section Division of Corporations										
SUBJ	ECT: TRG 911 E 23rd LLC										
00-0	Name of Limited Liability Company										
Dear S	Sir or Madam:										
The er	nelosed Registered Agent/Registered Office Cl	hange	c and f	fcc(s) are submitted for filing.							
Plcaso	return all correspondence concerning this man	iter te	o the f	ollowing:							
	Dylan Marma										
	Name of Person										
	Registered Agents Inc.			_							
	Firm/Company			-							
	7901 4TH ST N STE 300			_							
	Address										
	ST. PETERSBURG, FL 33702			_							
	City/State and Zip Code										
	dylan@therequitygroup.con			- . 、							
	E-mail address: (to be used for future annual re			ration)							
For fu	rther information concerning this matter, pleas	c cal	ll:								
	Dylan Marma at	(+1	619.535.1000							
	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	unt:									
	№ \$25 Filing Fcc		□ \$5	5 Filing Fcc & 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.

١.	Na	une of the limited liability company:	RG	911 E 2	3ra L	LC			
2. (a)		401 E Jackson Street, Suite 3300, Tampa, FL 3 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		2 (b)_		D Box 173089 Tampa, FL 33672 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
									_
				V	_32c	200 x31	4316		
3.		Date of filing/registration in Florida		4.		Document r	number		
5.	(a)	Registered Agents Inc.							
J. (a)	(α)	Registered Agent and Registered Office shown on the record	s of th	e Florida Dep	ot, of State	- e:			
		7901 4TH ST N STE 300 ST							
		Registered Office Address (MUST BE FLORIDA STRE	ET AL	DDRESS)					
				_					
		PETERSBURG	m	33702			••		
			rL_	00,02			• •		
(b)	Virtual Post Solutions, Inc.					7.3 • .•	r	
(0)		Enter name of NEW Registered Agent and/or NEW Register	ered (Office addres	<u>s</u> :	-			
		1022 E Brandon Blud							
		1032 E Brandon Blvd.				-	- ·		
		NEW Registered Office Address:					•	•	4
		Brandon	FI.	3351	1	-			
chai agci was	ngc nt w /wc	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cless of organization or the operating agreement of	the ro d liab rs of	egistered of ility compa the limited	ffice and any, it is liability	the busines hereby con- y company o pany.	s office of that	the regist the char	1
Si	gnati	ure of a member or authorized representative of a member				Printed or typ		gneo	
prov the i to m noti	visia obli vere fied	by accept the appointment as registered agent and compositions of all statutes relative to the proper and compligations of my position as registered agent as provity reflect a change in the registered office address in writing of this change. Let a content the registered of the content to	agree ete po ided j	e to act in t erformance for in Chap reby confir	his capa e of my a oter 605, m that i	icity. I furth luties, and I , F.S. Or, if he limited li	er agree to am familia this docum ability com	Ş	