

L22000344626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

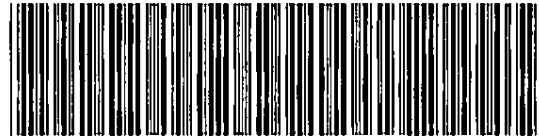
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

RA Change

FEB 03 2023

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRUST PROPERTY MANAGEMENT FLORIDA  
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:

MOLLIKA HULLZILIX  
Name of Person

TRUST PROPERTY MANAGEMENT FLORIDA, LLC  
Firm/Company

439 E TAMPA  
Address

TAMPA FL 34689  
City/State and Zip Code

MOLLIKA@TRUSTPMFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOLLIKA HULLZILIX at (727) 937-6000  
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

2022 JAN -3 PM 12:35

2023 JAN -3 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2022

MONICA HULZING  
439 E TARPON AVE  
TARPON SPRINGS, FL 34689 US

SUBJECT: TRUST PROPERTY MANAGEMENT FLORIDA LLC  
Ref. Number: L22000344626

We have received your document for TRUST PROPERTY MANAGEMENT FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THERE IS NO FORM; PLEASE FILL OUT ENCLOSED FORM AND SEND BACK SIGNED.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 422A00028295

**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. Name of the limited liability company: TRUST PROPERTY MANAGEMENT FLORIDA
2. (a) 439 E. TARPON AV (b) 1009 E. COLDSTREAM CT  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
TARPON SPHS, FL 34689 TARPON SPHS, FL  
34689

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) Northwest Registered Agent LLC  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4th St. N Ste 300  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
St Petersburg, FL 33702

(b) MOULICA HULZIK - TRUST PROPERTY MANAGEMENT FLORIDA  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

439 E TARPON AV  
NEW Registered Office Address:  
TARPON SPHS,  
 FL 34689

2023 JAN 23 PM 4:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
 Signature of a member or authorized representative of a member

MOULICA HULZIK  
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

\_\_\_\_\_  
 Signature of Registered Agent