## Florida Department

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter 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 TGHFL 1000 N COLLIER LLC

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## **COVER LETTER**

IO:

DSHS18 (2/14)

Registration Section

**Division of Corporations** TGHFL 1000 N COLLIER LLC SUBJECT: 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: JEROME SULLIVAN Name of Person Firm/Company 784 S CLEARWATER LOOP Address POST FALLS, ID 83854 City/State and Zip Code filings@registeredagentsinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 768-2249 Jerome Sullivan Area Code & Daytime Telephone Number Name of Person **Street Address:** Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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

Parsuant 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.

Na	me of the limited liability company:TGHFL 1	000 N COLL	LIER LLC
!. (a)	10875 Overseas Highway Suite 110	(b)	51 Coffeen Avenue Suite 101-283
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Marathon, FL 33050		Sheridan, WY 82801
			М
	11/23/2022	_	L22000499003
	Date of filing/registration in Florida		Document number
. (a)	HIDALGO-GATO & ASSOCIATES PA		
. (a)	Registered Agent and Registered Office shown on the records of	f the Florida D	Dept. of State:
	2304 BAY VILLAGE CT		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	WEST PALM BEACH , F	L <sub>33410</sub>	
(b)	REGISTERED AGENTS INC		<b>2023</b> 950 1771
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addre	ress:
	7901 4TH ST N		PILE 2023 FEB 27 SECRETAGE THE ATMASSE THE ATMASSE
	NEW Registered Office Address:		
	STE 300		
	ST. PETERSBURG	L 33702	57
hange gent w cas/we he arti Signal I herel provisi he obl mere	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members cless of organization or the operating agreement of the limited authorized member of a member of all statutes relative to the proper and complete ignations of my position as registered agent as provided in the reflect a change in the registered office address.	e registered lability comp of the limite e limited liab	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.  Thor Sheffield / MGR  Printed or typed name of signee
iotifice >.∢	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete in the proper and complete in the registered agent as provide by reflect a change in the registered office address. It is writing of this change.		in this capacity. I further agree to comply nce of my duties, and I am familiar with an hapter 605, F.S. Or, if this document is be firm that the limited fiability company has