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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	TRG Lake Mor	TRG Lake Monroe Village ASM LLC						
	Name of Limited Liability Company							
Dcar S	Sir or Madam:							
The cr	nclosed Registered Agent/Registered Office Chang	c and	fcc(s) are submitted for filing.					
Plcaso	return all correspondence concerning this matter t	o the f	following:					
	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.com							
	E-mail address: (to be used for future annual report	notific	zation)					
For fu	rther information concerning this matter, please ca	И:						
	Dylan Marma	+1	619.535.1000					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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:		12 5 6 m					
	№ \$25 Filing Fee	S55 Filing Fcc & Certified Copy						

INHS18 (2/14)

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.

L. N	ame of the limited liability company:	TRG Lake	e Monroe V	illage ASM LLC	
2. (a)	401 E Jackson St Ste 3300 Tamp	a, FL 33602	(b)	PO Box 173089 Tampa, FL 33672	2
2. (u)	Principal office address of limited liabili (Note: MUST BE STREET ADD			Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	-
3.	Date of filing/registration in Flo	orida	4.	Document number	
5. (a)	REGISTERED AGENTS INC				
J. (a)	Registered Agent and Registered Office shown of	on the records of the	ne Florida Dept. of S	State:	
	Registered Office Address (MUST BE FLOI	RIDA STREET A	DDRESS)		
	7901 4TH ST N STE 300	, FL_	33702	_ _	
(b)	Virtual Post Soluti	ons, Inc.			
	Enter name of NEW Registered Agent and/or N	EW Registered (Office address:		
	1032 E Brandon Blvo	d.			
	NEW Registered Office Address:				
			00544	<u> </u>	
	Brandon	FL_	33511		
change agent v was/we	imited liability company is not organized to or changes are made, the Florida street awill be identical. Or, in the case of a Florere authorized by an affirmative vote of the icles of organization or the operating agree	address of the r rida limited liat he members of	egistered office bility company, i the limited liab	and the business office of the registered it is hereby confirmed that the change (ility company or as otherwise provided	ed (s)
Signa	ture of a member or authorized representative of a	member		Printed or typed name of signee	With Line
provisi the obl to mere	by accept the appointment as registered on sof all statutes relative to the proper of igations of my position as registered age left reflect a change in the registered office writing of this change.	ngent and agre and complete p nt as provided ce address, I hi	e to act in this c erformance of n for in Chapter (ercby confirm th	apacity. I further agree to compty with and a 505. F.S. Or, if this document is being at the limited liability company has be	hithe iccept filed en
Signatu	re of Registered Agent			-	