

L24000116070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

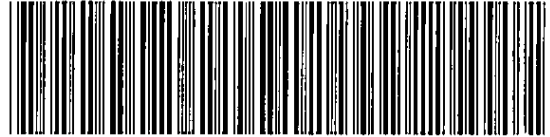
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2024 JUN -4 AM 8:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tasso Holdings LLC

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:

Lauren Tasso

Name of Person

Grace Garrett LLC

Firm/Company

6695 Gulf Winds Dr

Address

St Pete Beach FL 33706

City/State and Zip Code

tassoholdings@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Tasso

Name of Person

269 5479113
at ()

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

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: Tasso Holdings LLC
2. (a) 6695 Gulf Winds Dr St Pete Beach FL 33706
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 6695 Gulf Winds Dr St Pete Beach FL 33706
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3. 03/07/2024 Date of filing/registration in Florida
4. L24000116070 Document number
5. (a) Grace Holdings LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
6695 Gulf Winds Dr
St Pete Beach, FL 33706
- (b) Grace Garrett LLC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
6695 Gulf Winds Dr
St Pete Beach, FL 33706

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2024 JUN -4 AM 8:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Lauren Tasso
Signature of a member or authorized representative of a member

Lauren Tasso
Printed or typed name of signee

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.

Lauren Tasso
Signature of Registered Agent