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(Ř€	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
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T.G.



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03	3/01/2019				
	CHAEL PETERSON				
Reference #:	1015055	_			
Entity Name:	AA PROPE	RTIES-TAMPA, LLC		-	
☐ Amendm ☐ Change ← ☐ Reinstate ☐ Conversi ☐ Merger ☐ Dissolution ☐ Fictitious	of Agent ement on on/Withdrawal Name	ALLAHASSEE, FLORUE	SECRETARY OF STATE	2019 MAR - 1 AM 8: 56	FILED
[] Other			. <u>.</u>		
Authorized Amo	Sunt: \$25				

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

1:

Date:	03/01/2019	
Name:	MICHAEL PETERSON	
Reference	#:1047277	
Entity Nam	ne:AA PRO	PERTIES-TAMPA, LLC
☐ Artic	cles of Incorporation/Authoriz	ation to Transact Business
☐ Ame	endment	
☑ Cha	inge of Agent	FI BIPMAR - SECRETAS ALLAHAS
☐ Reir	nstatement	ASSE
Con	nversion	
☐ Mer	ger	08: 56
☐ Diss	solution/Withdrawal	
☐ Fict	itious Name	
☐ Oth	er	

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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) No Change		Mailing address of limited liability company: **INOTE: M.1Y BE POST OFFICE BOX**
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:
	No Change		
		No (Change
	June 14, 2007	M070	000003637
3.	Date of filing/registration in Florida		Document number
5. (a)	Corporation Service Company		
(,	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	of State:
	1201 Hays Street		2
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	PII PIAR - SECRETA TALLAHAS
	Tallahassee	32301-2525	FILE R-1
(b)	COGENCY GLOBAL INC.		E PES
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	8: 57 STATE LORIEN
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Suite 4		
	Tallahassee	132301	
he char igent w vas/wer	mited liability company is not organized under the large or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members less of organization or the operating agreement of the	of the registered o liability company, of the limited lial	ffice and the business office of the registere, it is hereby confirmed that the change(s) bifity company or as otherwise provided in company.
Signatu	/s/ Dave Cohan Kort Word		Dave Cohan Printed or typed name of signer
l hereby provisio he oblis o merel potified	vaccept the appointment as registered agent and as no of all statutes relative to the proper and complete ations of my position as registered agent as provide wreflect a change in the registered office address. It is writing of this change.	gree to act in this e performance of ed for in Chapter hereby confirm t	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25,00