M0700004095

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Only/State/Zip/) Hone #/				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Cooking)				
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115 N CALHOUN ST., 6TE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/01/2019	
Name:	MICHAEL PETERSON	
	ce #: 1047277	
Entity Na	ame: AA PROPERTIES-PORT	OF TAMPA, LLC
☐ Ar	rticles of Incorporation/Authorization to Transa	secre i AR - I
☐ Ar	mendment	AR -1
☑ Cl	hange of Agent	
R	einstatement	STATE FLORE
□ Co	onversion	· 프로 프로 중
	erger	
☐ Di	issolution/Withdrawal	
☐ Fi	ictitious Name	
□ Of	ther	
Authorize Signature	e: Min 525	



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Account#: I20000000088

Date:	03/01/2019			
	MICHAEL PETERSON			
Referenc	e #: 1047277			
Entity Na	me: AA PROPERTI	ES-PORT OF TAMPA, LLC		
☐ Ar	ticles of Incorporation/Authoriza	tion to Transact Business		
☐ Ar	mendment	SEC	2019	
☑ Ch	nange of Agent	, AHAC	2019 MAR -	
☐ Re	einstatement	SEE, OF	A	FILED
□ Co	onversion	FL OR	H 8: 58	
	erger	東京 東	6	
☐ Dia	ssolution/Withdrawal			
☐ Fid	ctitious Name			
☐ Ot	her			_
Authorize	ed Amount: \$25			
Sionature	e: MMin 3	NL		

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. N	ame of the fimited liability company: AA PROP		T OF TAMPA, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No No	Change
	July 6, 2007	M07	000004095
٠.	Date of filing/registration in Florida	-1.	Document number
. (a)	Corporation Service Company		
	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	1201 Hays Street		
Registered Office Address (MUST BE FLORIDA STREET)		T <u>ADDRESS)</u>	APF 2019 MAR SEGRET FALLATE
	Tallahassee	FL_32301-252	PROVED AND -1 AM -1 AM ASSEEL FI
(h)	COGENCY GLOBAL INC.		AM 8: 50
(11)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	RPD
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Suite 4		
	Tallahassee	_{1L} 32301	
ne cha gent v as/we ne arti Signat Juvel	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and a cons of all statutes relative to the proper and completing ations of my position as registered agent as providing reflect a change in the registered office address.	of the registered liability company of the limited line limited liability are to act in this for performance of	office and the business office of the registerey, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. Dave Cohan Printed or typed name of signee s capacity. I further agree to comply with the first duties, and I am familiar with and access

Signature of Registered Agent

Tim Mayville, Assistant Secretary Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00