M/000005252

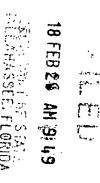
(5)						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Friorie #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Socument Number)						
Certified Copies Certificates of Status						
Special instructions to Filing Officer:						
Special instructions to Filling Officer.						





400309387464

02/26/18--01042--023 **25.00



FEB 2 7 2018
Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Historic Ybor Properites,LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	e Change and fee	e(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the fol	lowing:			
Jill H	Shepard					
	Name of Person					
Histor	ric Ybor Properites, LLC					
	Firm/Company	····				
816 S	South Boulevard					
	Address					
Tamp	oa, Fl 33606					
jhshe	City/State and Zip Code a かいか p01 @ me.com					
E	E-mail address: (to be used for future annu	al report notifica	tion)			
For further information concerning this matter, please call:						
Jill Sh	nepard	813	956-7866			
	Name of Person	_	Area Code & Daytime Telephone Number			
Registration Section Red Division of Corporations Di Clifton Building P.		Regisi Divisi P.O. I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	2 \$25 Filing Fee	Filing Fee & 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.

1. Na	me of the limited liability company: Historic Ybor	Properti	es, LLC		
2. (a)	836 S. Boulevard	(b)	836 Sot	uth Boulevard	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Tampa, FI		Tampa		
	33606		33606		
	1/18/2012		M	10000005252	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Thomas Moseley			_	
(,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat		
	1724 Manatee Ave West			&	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Bradenton , FI	34205			
(b)	Jill Shepard Enter name of NEW Registered Agent and/or NEW Registered	1000 15.			
	836 S. Boulevard				
	NEW Registered Office Address:			_	
	Tampa	33606		_	
the cha agent v was/we the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- 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	ws of the f the regis lability co of the limi e limited li	tered offic mpany, it i ted liabili	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agents on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. The of Registered Agent	ree to act e performa ed for in C hereby co	in this cap nce of my hapter 60. nfirm that	vacity I further garee to comply with the	