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(Re	equestor's Name)					
(Ac	ldress)					
(Ac	ldress)					
(Ci	ty/State/Zip/Phone	- #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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4UU280204814 12/28/15--01023--007 **25.00

MIL DEC 28 PH 2: 41

DEC 2 9 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations						
Tarpon Tale LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning th	nis matter to the following:					
Phyllis Mueller						
Name of Person						
Tarpon Tale LLC						
Firm/Company						
6942 Overlook Dr.						
Address	· · · · · · · · · · · · · · · · · · ·					
Fort Myers, FL 33919						
City/State and Zip Code						
phyllis@tarpontale.com						
E-mail address: (to be used for future an	nual report notification)					
For further information concerning this matter	, please call:					
Phyllis Mueller	972 322-7908					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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	□ \$55 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.

I. N	lame of the limited liability company: Tarpon Tale L	LC					
2. (a)	6942 Overlook Dr.		(b) 6942 Overlook Drive				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Fort Myers, FL 33919	_	Fort Mye	ers, FL 33919			
	01/07/2013		M130000	000123			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	Capitol Corporate Services, Inc.						
	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A			_			
	155 Office Plaza Dr. Suite A	. <u>.</u>		_	Σ_{c}	200	
	Tallahassee , FL	3230)1	_		E3	kar j
(b)	Phyllis Mueller Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	_	ASSEC FLUX	C 28 PH 2:4	SERVICE SER
	NEW Registered Office Address:						
	6942 Overlook Dr.			_			
	Fort Myers, FL	339	19	_			
the chagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reality f the limite	egistered office company, it is dimited liability and liability cor	e and the business of s hereby confirmed by company or as oth mpany.	ffice of that the	the reg change	istered e(s)
	Rose / / Ww/M. lature of a member or authorized representative of a member	F _	Roger J. Mu		<u> </u>		
I her provi the of to me notifi	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I hely my this change.	ee to perfo I for i iereb	act in this cap rmance of my in Chapter 60: y confirm that	Printed or typed name acity. I further agreduties, and I am fan 5, F.S. Or, if this does the limited liability of the lia	e to con	nply w th and is bein y has l	ith the accept g filed been