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(Requestor's Name)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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Special Instructions to Filing Officer:								
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	TAMIAMI NORTH LLC						
		e of Lim	ited Liability Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Chang	ge and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter	to the following:				
FRE	DERICK GRACE						
	Name of Person						
GRA	CE DEVELOPMENT						
	Firm/Company						
3309	FAIRMONT DRIVE						
	Address						
NASI	HVILLE TN 37203						
	City/State and Zip Code						
RSFI	ELD@GMAIL.COM						
13	E-mail address: (to be used for future ann	ual repor	t notification)				
For fur	rther information concerning this matter.	please ca	all:				
ROBI	ERT FIELD	at (561-459-2770				
	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	:				
	☑ \$25 Filing Fee		□ \$55 Filing Fee & Certified Copy				
INHS1:	8 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR B LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liabit submits the following statement in order to change its registered office or registered agent, or both, in Florida.

1.	Na	me of the limited liability company: TAMIAMI NO	ORTH	1 LI	_C		
2.		Principal office address of limited liability company:				failing address of limi	ted liability c
		(Note: MUST BE STREET ADDRESS)				(Note: MAY BE PG	Ī
		3309 FAIRMONT DRIVE			3309 FA	IRMONT DRIV	E
		NASHVILLE TN 37203	NASHVII			LLE TN 37203	3
		03/15/2013			M130000	01418	
3.		Date of filing/registration in Florida	4	•		Document numbe	r
5.	(a)						
٦.	(4)	Registered Agent and Registered Office shown on the records of	f the Fl	orida	Dept. of State	:	
		CORPORATION SERVICE COMPANY					
		Registered Office Address (MUST BE FLORIDA STREET					
		1201 HAYS ST.					2
		TALLAHASSEE	L_32	230	1		(119 S.T.
	(b)	Enter name of NEW Registered Agent and/or NEW Registered ROBERT FIELD			dress:		27 PH 12: 1,9
		NEW Registered Office Address:					5-1
		241 BRADLEY PLACE					
		PALM BEACH	L3	348	30		
the age wa	e cha ent v is/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members of organization or the operating agreement of the	f the iabili of the	regi: ty co lim ted l	stered office ompany, it is nited liability liability com	and the business hereby confirmed company or as o	office of the I that the cha
_	/I Signa	ure of a member or authorized representative of a member			.,,,,,,	Printed or typed nam	e of signee
pro the to no	ovisi v obl mera tified	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change. The of Registered Agent	ree to e perf ed foi here.	g act orm in (by c	t in this capa ance of my c Chapter 605 onfirm that i	acity. I further ag luties, and I am fa , F.S. Or, if this a the limited liabilit	ree to comply miliar with a locument is b v company ha

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00