

M13000000 2636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

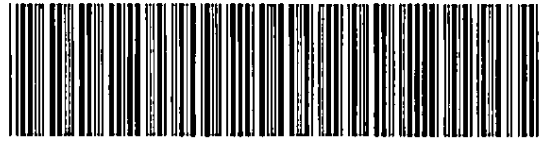
(Business Entity Name)

(Document Number)

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OCT 27 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tiger Point of Florida LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

*RA address change only*

Please return all correspondence concerning this matter to the following:

Lainie J. Simon, Esq.

Name of Person

Firm/Company

14 SE 4th St, #36

Address

Boca Raton, FL 33432

City/State and Zip Code

chargreaves@seligenterprises.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lainie J Simon at ( 561 ) 4451361  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA  
STATE SECRETARY OF STATE

**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

**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.*

**Tiger Point of Florida LLC**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
 1100 Spring Street NW, Suite 550  
 Atlanta, GA 30309

3. \_\_\_\_\_ 4. \_\_\_\_\_  
 Date of filing/registration in Florida Document number  
 04/25/13 M13000002636  
 Lainie J Simon

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
 185 NW Spanish River Blvd, Suite 220  
 Boca Raton, FL 33431

(b) \_\_\_\_\_  
 Enter name of NEW Registered Agent and/or NEW Registered Office address  
 14 SE 4th Street, #36  
NEW Registered Office Address:  
 Boca Raton, FL 33432

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kenneth Clayman  
 Signature of a member or authorized representative of a member

Kenneth Clayman  
 Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Lainie J Simon  
 Signature of Registered Agent