M130000	5245
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(Req	uestor's Name)			
(Add	ress)	<u> </u>		
(Add	ress)			
	-			
	/State/Zip/Phone #	<u> </u>		
(City/	State/Zip/Prione #)		
		MAIL		
(Busi	ness Entity Name)		
(1		
(Doci	ument Number)			
Certified Copies Certificates of Status				
Special Instructions to Fi	ling Officer:	· · · · · · · · · · · · · · · · · · ·		
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Office Use Only

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:	TAMPA PORT S	SERVIC	ES, LLC			
		101 East Kennedy Boulevard, Suite	2500	(b) 3033 Campus Drive, Suite W400				
2. (a)		Principal office address of limited lia (<u>Note: MUST BE STREET A</u>		_ ((Ma	ailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)		
		Tampa, FL 33602		-	Plymouth, N	/IN 55441-2651	······································	
		08/20/2013			M130000052	45		
3.		Date of filing/registration in	Florida	4.	D	ocument number		
5	(a)	C T Corporation System						
J.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET A			2			
		Plantation	, FL_	33324			·	
			, 1 12_				•	
	(b)						1 1	
	• -	Enter name of NEW Registered Agent and/	or <u>NEW Registered (</u>	Office ad	dress:		· · · · ·	
		Corporation Service Company						
		NEW Registered Office Address:						
		1201 Hays Street						
		Tallahassee	, FL_	32301				
cha age wa:	inge int w s/we	mited liability company is not organiz or changes are made, the Florida stre- ill be identical. Or, in the case of a F reauthorized by an affirmative vote c cles of organization or the operating a	zed under the laws et address of the r lorida limited liab of the members of	s of the registere bility co the lim	d office and the mpany, it is he ited liability c	he business office ereby confirmed t ompany or as oth	of the registered hat the change(s)	
		Xiel & Goner			Cilmi, Authoriz		_	
S	ignati	ure of a member or authorized representative	of a member		Pi	rinted or typed name of	of signee	
pro the to 1	visio obli nere	accept the appointment as registered ons of all statutes relative to the prope gations of my position as registered a by reflect a change in the registered of the main of the change in the registered of	d agent and agree ir and complete po igent as provided ffice address, I he	e to act erforma for in C ereby co	in this capaci ince of my dut hapter 605, F nfirm that the	ty. I further agree ies, and I am fam .S. Or, if this doc limited liability c	e to comply with the iliar with and accept cument is being filed company has been	
not	ified /	in writing of this change.	C	Corpora	ation Servic	e Company		
Sig	natur	e of Registered Agent	Д	<mark>م</mark> ا الم	Casper, As	st. Vice Presid	ent	
_		Division of Corpo	orationse P.O. Bo	ox 6327	• Tallahasse	e, FL 32314		

FILING FEE: \$25.00