(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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## **COVER LETTER**

	Registration Section Division of Corporations						
SUBJE	TWC Bay, LLC						
		Name of Limited Liability Company					
Dear Sir	or Madam:						
The encl	losed Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.				
Please re	eturn all correspondence concernir	ng this matter to the	following:				
Jeffrey C	Gerish						
**	Name of Person		<del></del>				
	Firm/Company		<del></del>				
2001 Cro	ocker Road, Suite 300						
<u></u>	Address		<del></del>				
Westlake	e, Ohio 44145						
	City/State and Zip Co	de	<u> </u>				
jeffgerisl	n@emeraldhospitality.com						
E-r	nail address: (to be used for future	annual report noti	fication)				
For furth	er information concerning this ma	itter, please call:					
Jeffrey G	ierish	440 at (	239-9848				
	Name of Person	u. (	Area Code & Daytime Telephone Number				
 	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
I	Enclosed is a check for the follow	ving amount:					
i	\$25 Filing Fee	<b>-</b> \$	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.

١.	Na	me of the limited liability company: TWC Bay, LLC	,					
2.	(a)			(b)				
.,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compa	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.		05/10/2016  Date of filing/registration in Florida	- 4.	M16	16000003788  Document number			
J.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Yang, Grace Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 401 East Jackson Street STE 2700						
		Tampa , FL	33602			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
(b)	(b) ,	Enter name of NEW Registered Agent and/or NEW Registered C  Yang, Grace  NEW Registered Office Address:  101 East Kennedy Boulevard Suite 4000			2023 JUL 25 PM 3: 00	TARY OF STATE		
		Tampa , FL	33602	-				
cha age was the	nge nt w s/we artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liability of	egiste oility the li mited	red off compar mited I I liabili	office and the business office of the registe rany, it is hereby confirmed that the change of liability company or as otherwise provide ility company.  R. Gerish	red :(s)		
I h pro the to n	ereb visio obli nere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree one of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to a erfori for in reby	ct in th nance ( Chapt confirn	Printed or typed name of signee this capacity. I further agree to comply we e of my duties, and I am familiar with and pter 605, F.S. Or, if this document is bein rm that the limited liability company has b	ith the accept g filed een		
Sig	natur	c of Registered Agent			T. II. 4			