M17000005865

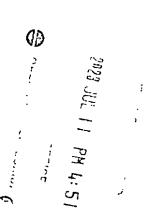
	Requestor's Name)	· - · · · · · · · · · · · · · · · · · ·
	Address)	··
(Address)	
	City/State/Zip/Phone #)	- <u></u>
,	ON TOTAL PART TIONS HY	
PICK-UP	WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filina Officer:	
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Office Use Only



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2023 J.T. 111 J.T. 10: 44







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	07/11/2023	
Name:	Chris Vick	_
Reference #	#: 2057668	_
Entity Name	e: FLORIDA TAMI	PA HOLDINGS II, LLC
<u> </u>	les of Incorporation/Authorization	to Transact Business
	nge of Agent	202 3
☐ Rein	statement	<u></u>
Conv	version	
☐ Merg	ger	1. Sec. 1. Sec
Diss	olution/Withdrawal	# # # # # # # # # # # # # # # # # # #
☐ Fictit	tious Name	
Othe	er	
Authorized Signature:	Amount: \$25.00	

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.

(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	No Change	N	o Change
	July 7, 2017		M17000005865
	Date of filing/registration in Florida	4.	Document number
(a)	BRIAN LEEN		
	Registered Agent and Registered Office shown on the records o	f the Florida Dep	pt, of State;
	6505 JEWEL AVENUE		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2023
	TAMPA F	33619	
(b)	COGENCY GLOBAL INC.		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addres	 5 5 5
	115 North Calhoun St., Suite 4		<u> </u>
	NEW Registered Office Address:		
	Tallahassee	, 32301	

/s/ Livingston Haskell

Livingston Haskell

Signature of a member or authorized representative of a member

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.

/s/ Timothy Mayville

Signature of Registered Agent

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