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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT: Tahoe Capital Partners

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

775473

Name of Person

Tahoe Capital Partners

Firm/Company

63 Keystone Ave., Suite 100

Address

Reno, Nevada 89503

City/State and Zip Code

lcaron@tahoecp.com

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

For further information concerning this matter, please call:

Leslie Caron

Name of Person

at (775) 473-1544 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

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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	ame of the limited liability company: Tahoe	Capital Partr	ners	
2. (a)	63 Keystone Ave., Suite 100	(b) SAME		•
()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	-
	Reno, NV 89503			-
	May 11, 2018		0004607	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Scott Ward			
	Registered Agent and Registered Office shown on the record 100 S Beach Street	ds of the Florida Dept. of Stat	e:	
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	-	
	Suite 208		_	
	Daytona Beach	, _{FL} 32114	_	
(b)	Registered Agents Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> 7901 4th St N	<u>tered Office address</u> :	FILED	
	<u>NEW</u> Registered Office Address:			
	STE 300	· · · · · · · · · · · · · · · · · · ·	- D M 62 08	
	St. Petersburg	, FL <u>33702</u>	-	· •
the cha agent w was/we	imited liability company is not organized under the nge or changes are made, the Florida street addres vill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of	ss of the registered office ed liability company, it i ers of the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
		Leslie Caron		
	ure of a member or authorized representative of a member		Printed or typed name of signee	
he obli o mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as prov by reflect a change in the registered office addres. Fin writing of this change. Bill Havre - Assis	l agree to act in this cap elete performance of my vided for in Chapter 605 s, I hereby confirm that stant Secretary	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
Signatur	e of Registered Agent			
	Division of Cornerationse D	O Bar 6117 - Tallahas	FL 22214	

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