

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000315376 3)))



H210003153763ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC. Account Number : 120160000048

Account Number : 120160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*;

Email Address:\_

## LLC REGISTERED AGENT CHANGE TL INVESTOR I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RI AUG 23 AM II

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000315376 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submits	nt to the provisions of sections 605. The following statement in order	to change its regist	tered office or	, the undersigned lin registered agent, o	r both, in the State of
Florida 1 Nove		TLINVESTOR	I, LLC		
ı. Nan	ne of the Limited Liability Company:				
2. (a)	1600 E. 8TH AVENUE STE A210-A  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 1600 E. 8TH AVENUE STE A210-A		
			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	TAMPA, FL 33605		TAMP	'A, FL 33605	
	11/4/2020		M200	00009983	
3.	Date of filing/registration	in Florida	4.	Document number	х
5. (a)	FORSYTHE, ROBERT S				· i , ·
J. (a)	Registered Agent and Registered Office sh	own on the records of the	Florida Dept. of S	tuto:	222
	1600 E. 8TH AVENUE STE A210-A				AUG .
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				FILEB 21 AUG 23 P
	TAMPA	,FL	33605		
(b)	Capitol Corporate Services, Enter name of NEW Redstood Assistant 515 East Park Avenue 2nd I	d/or <u>NEW Resistered O</u>	Mee address:		<u>7</u> <b>69</b>
	NEW Registered Office Address:				
	Tallahassee	, FL	32301	<del></del>	
the chargent v	imited liability company is not organing or changes are made, the Florid will be identical. Or, in the case of a cre authorized by an affirmative votables of organization or the operating	la street address of the Florida limited liab e of the members of (	e registered off ility company, i the limited liabi nited liability c	ice and the business it is hereby confirme lity company or as company.	office of the registered d that the change(s) otherwise provided in
	Jul Al	· · · · · · · · · · · · · · · · · · ·	$\frac{R}{R}$	best S. Forsut	
I herei provist the obl	ure of a insuber of adulturized representative by accept the appointment as registations of all statutes relative to the pro- ligations of my position as registered by reflect a change in the registered d in writing of this change.	ered agent and agree oper and complete pe d agent as provided ) d office address, I he	erformance of n for in Chapter ( reby confirm th	ty auties, and 1 am jo 505, F.S. Or, if this o at the limited liability	gree to comply with the amiliar with and accept document is being filed ty company has been
	clanic Case			tant Secretary or	
Signatu	of Registered Agent			porate Services,	inc.
	Division of Cor	porations• P.O. Bo FILING FEI	x 6327+ Tailal E: \$25.00	hassee, FL 32314	

INHS18 (2/14)