N0500000 7973

(Re	questor'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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;				

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RA & RO Change

02/28/32--01015--002 ++35.00



A RAMSEY MAR 08 2022

COVER LETTER

TO: Amendment Section Division of Corpor				
SUBJECT: TAMPA BAY I	DRAGON BOAT CLUB,	INC.		
Name of Corporation				
DOCUMENT NUMBER:	N05000007973			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Donald Bacon				
Name of Contact Person	·			
TAMPA BAY DRAGON BO	OAT CLUB, INC.			
Firm/Company				
17222 Tiffany Shore Dr				
Address	· · · · · · · · · · · · · · · · · · ·			
Lutz, FL 33549				
City/State and Zip Code				
treasu	rer@tbdbc.com			
E-mail address: (to be us	ed for future annual re	eport notification)		
For further information cor	cerning this matter, ple	ase call:		
Donald Bacon		at (⁷²⁷	515-0501 de & Daytime Telephone Number	
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a \$35.00 check	made payable to the De	epartment of State.		

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: TAMPA BAY DRA	GON BOAT CLUB, INC.	
	office address: 402 West Laurel Stre		
3. The mailing a	ddress (if different): 17222 Tiffany	Shore Dr., Lutz FL 33549	
4. Date of incorporation/qualification: 8/4/2005			
	I street address of the current registe trnent of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	resigned		
		PAR TO	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Tona-Han Rivera 711 S Howard Ave Suite 200		
	Suite 200	28	
	P.O. Box NOT acceptable		
	Tampa FL, 33606		
The street addre as changed will	ess of its registered office and the sobe identical.	street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ac ne board or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.	
Lopala	Western	Donald Bacon, President Printed or typed name and title	
I hereby accept I further agree to of my duties, an document is being corporation has	the appointment as registered age to comply with the provisions of all I am familiar with and accept the filed merely to reflect a change been notified in scriting of this change	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance be obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the	
-// Sign	nature of Registered Agent	7 5/ 2022 Date	
If signing on bei	half of an entity:	,	
Jonathan Rivera	•		
	uned or Drinted Name		

* * * FILING FEE: \$35.00 * * *