

no 9921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

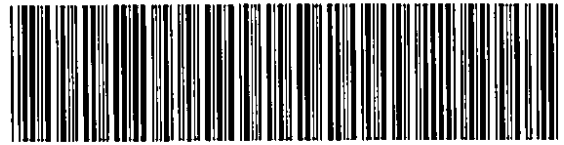
(Business Entity Name)

(Document Number)

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2018 JUL 30 P 4 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 31 2018

ARC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Connection, Inc.
Name of Corporation

N09921
DOCUMENT NUMBER:

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:

Bradley Knudsen
Name of Contact Person
Tampa Connection, Inc.
Firm/Company
P.O. Box 22051
Address
Tampa, FL 33622
City/State and Zip Code
BKnudsen@cbh.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley Knudsen 904 534-5608
Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2018

BRADLEY KNUDSEN
P.O. BOX 22051
TAMPA, FL 33622

SUBJECT: THE TAMPA CONNECTION, INC.
Ref. Number: N09921

We have received your document for THE TAMPA CONNECTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal address must be a street address.

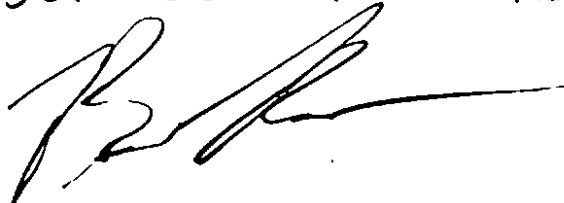
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 418A00013258

RECEIVED
18 JUL 30 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FL 32314

See correction attached


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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- Adjusted:
BK
7/10/2018
1. The name of the corporation: Tampa Connection, Inc.
 2. The principal office address: P.O. Box 22051 Tampa, FL 33622
401 E. Jackson St., Suite 1200, Tampa, Florida 33602
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 14, 2018 Document number: N09921
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C/O Greenberg Traurig

101 E. Kennedy Blvd. Suite 1900

Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cherry Bekaert C/O Bradley Knudsen

401 E. Jackson St. Suite 1200

P.O. Box NOT acceptable

Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Richard Garrett - Secretary (past treasurer)

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

6/20/2018
Date

If signing on behalf of an entity:

Bradley Knudsen

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
2018 JUL 30 9 08 AM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE