## P14 000 000 536

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800337897468

12/15/13--01022--030 \*\*35.00

19 [Entropy 2]

JAN 22 2020 S. YOUNG

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Tarbert Flo	rida, Inc.	<del></del>			
DOCUMENT NUMBER	<b>{</b> : P14000000536				
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:					
Lori Arnold Name of Contact Person		<del></del>			
Spencer Fane LLP Firm/Company	<u>.                                    </u>				
1000 Walnut Street, Sui	Le 1400				
Kansas City, MO 64106	<u> </u>	<del></del>			
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information co	oncerning this matter, please call:				
Lori Arnold Name of C	Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35,00 check made payable to the Department of State.					
Γ C	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpora	2, 617,0502, 607,1508, or 617,1508, Florida Station organized under the laws of the State of <u>F1</u> e or registered agent, or both, in the State of Flor	orida	us 
1. The name of t	he corporation:Tarbert_Flo	rida, Inc.		
2. The principal	office address: 4979 Joewood	Drive, Sanibel, FL 33957		
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 12/31/	Document number: P140000005	36	
	street address of the current ru tment of State: (If resigned, en	egistered agent and registered office on file with iter resigned)	the	
	CT Corporation System		مرتو ب	10
	1200 South Pine Island Ro	pad	,	JE: .
	Plantation, FL 33324			-
6. The name and (if changed):	street address of the new regi	stered agent (if changed) and /or registered office		
	Spenserv, Inc.			
	201 North Franklin Street			
		P.O. Box NOT acceptable		
The street addre	rss of its registered office and be identical.	the street address of the business office of its r	cgister	ed agent,
Such change wa authorized by th	is authorized by resolution du ie board, or the corporation h	ily adopted by its board of directors or by an of as been notified in writing of the change.	ficer so	)
	一些人	Thomas D. Tarbert, President		
•	re of an officer or director	Printed or typed name and title		
I further agrée i of my duties, an document is bei	to comply with the provisions	d agent and agree to act in this capacity, of all statutes relative to the proper and complept the obligation of my position as registered a lange in the registered office address, I hereby a change.	ete per igent ( confirn	formance Or, if this n that the
PCIJ. Hanky		December 19, 2019		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	, by: Paul J. Hanley, Vice yped or Printed Name ***F	President ILING FEE: \$35.00 * * *		

1

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E(45 (04/13)