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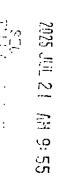
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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€OVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: T.75 LLC Name of Limited Liability Company		
Dear Sir or Madatt,		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
GREGGEY TOTH Name of Person	-	
I-75 CCC Firm/Company	_	
348 Sharwaad DR	-	
City/State and Zip Code	_	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Obecoly TOTH = 239 Name offerson	, 290 - 1913 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tailanassee, FL 52514	Street Address: Registration Section: Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
\$25 Filing Fee	Filing Fee & Certified Copy	

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.

. ame of the limited liability company:	- C
1510 GOVIG COCK 1 DO	SAME
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liabinty compan- (Note: MAY BE POST OFFICE BOX)
SUITE 10	SAME
LEXINGTON KY 40509	SAME
FEB 3 2025 3	04-3431412CC
3. Date of filing/registration in Florida 4.	Document nume
5. 10 BOLENOS TRULTON PA	
enstered Agent and Registered Office shown on the records of the Florida Dent. o	f State:
Registered Office Address (MUST RE FLORIDA STREET ADDRESS)	
SUITE 350	202 TAV
tort MyERS +L -33907	
" OREGORY TOTH	· - ,
Enter name of NEW Registered Agent and/or NEW Registered Office address	
710 Si 10 2 DO	
548 Sharwood VR IEW Registered Office Address:	· · · · · · · · · · · · · · · · ·
INDICA II 34110	
- MPCES FL JAMO	
z.	
If the limited liability company is not organized under the laws of the State of change or changes are made, the Florida street address of the registered office with or identical. Or, in the case of a Florida limited liability company	te and the business office of the registered (it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited lia- the articles of organization or the operating agreement of the minuted matrix.	
Grand De	ERECORY F TOTH
Signature of a member of authorized representative of a member	Printed or typed name of signee
I nereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter to merely reflect a change in the registered office address, I hereby confirm notified in writing of this change. Signature of Registerer Agent	my duties, and I am familiar with and accept