Massesser

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



200263755662

09/19/14--01007--017 **25.00

TA SEP 19 MILES STATE

SEP 25 2014

R. WHITE



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.

1. Na	ame of the limited liability company: TS KENWATUS UC
2. (a)	(b)
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4813 34th NEW.
	Sn Vore, hus 33713
	SEOT 1513 2014 L140000 939 74
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1201 HMB SI.
	TMUMINSSEE FL 3230)
(b)	DANG R MERCURÍ
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	1813 34 NGW.
	ST POTE , FL 33713
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the chai	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the artic	cles of organization or the operating agreement of the limited liability company.
Signat	ure of a member or authorized representative of a member Printed or typed name of signee
I hereb	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
the obli	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed Thy effect a change in the registered office address, I hereby confirm that the limited liability company has been
noifiea	in vertect a change in the registered office address, I hereby confirm that the limited itability company has been in writing of this change.
Signatur	e of Registered Agent