

L15000006904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

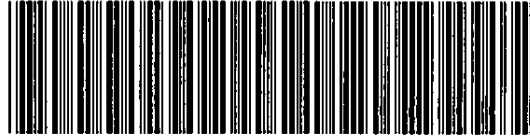
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500289350675

08/26/16--01021--019 \*\*25.00

FILED  
2016 AUG 26 A 9 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren  
AUG 29 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THS Energy Savers LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Seth Michael Hoerig  
Name of Person

THS Energy Savers LLC  
Firm/Company

425 S Venice Blvd  
Address

Venice FL 34293  
City/State and Zip Code

thsenergysavers@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seth Hoerig at (941) 374 2427  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$55 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.

1. Name of the limited liability company: TLS Energy Savers LLC

2. (a) TLS Energy Savers LLC (b) TLS Energy Savers LLC

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

425 S Venice Blvd  
Venice FL 34293

425 S Venice Blvd  
Venice FL 34293

3. 8/23/2016  
Date of filing/registration in Florida

4. \_\_\_\_\_  
Document number

5. (a) Seth Michael Hoerig  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
329 Channel Ln  
Nokomis, FL 34275

(b) Seth Michael Hoerig  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
425 S Venice Blvd  
Venice, FL 34293

2016 AUG 26 A 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Seth Michael Hoerig  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent