L18000016390

(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:					
J. HORNE					
MAY - 8 2025					

Office Use Only



900442647129

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/07/2025	**WALK IN**
ENTITY NAME T&T PRO	PERTY GROUP LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
<u>xxxxxxxxx</u>	Plain Copy Certified Copy Certificate of Status
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT	
TOTAL OWED \$25.00	ACCOUNT #: 120160000072
Please call Tina at th	above number for any issues or concerns. Thank you so much!

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ECT: _	T&T PROPERTY GROUP LLC				
		Name of Limited Liability Company				
Dear S	ir or Ma	ıdam:				
The en	closed F	Registered Agent/Registered (Office Change and	d fee(s) are submitted for filing.		
Please	return a	II correspondence concerning	this matter to the	e following:		
Harbor	Complia	nnce				
		Name of Person				
	_		····			
		Firm/Company				
1830	Coloni	ial Village Lane		<u>-</u>		
		Address				
Lanca	aster, F	PA 17601				
	· ·	City/State and Zip Cod	е	· 		
copora	ate@ha	arborcompliance.com				
Е	E-mail ac	ddress: (to be used for future	annual report noti	fication)		
For fur	ther infe	ormation concerning this mat	er, please call:			
Brad (<u>c</u>		at (717	210-5263		
		Name of Person		Area Code & Daytime Telephone Number		
	Maili	ng Address:		Street Address:		
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
	Tallah	nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclos	sed is a check for the follow	ng amount:			
	□ \$25	Filing Fee		\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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. N	lame of the limited liability company: T&T PROPE	RTY GROU	JP LLC
	4045 WEST COUNTY HIGHWAY 30A Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) UNIT 109	(b)	4045 Ourses Daire
	SANTA ROSA BEACH, FL 32459		TLANTA, GA 30319
	01/15/2018	L18	000016390
3. 5. (a)	Date of filing/registration in Florida CT Corporation System Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET)		
(b)	Plantation, FI Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	. 星口	
	NEW Registered Office Address: 7901 4th St N Ste 300		——————————————————————————————————————
	St. Petersburg	L	
chang agent was/w the art	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the /s/ Patrick R. Norris	e registered of iability compa of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sign I here provis the ob to men notifie	ature of a member or authorized representative of a member eby accept the appointment as registered agent and ages ions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change. David Roberts David Registered Agent	ree to act in the performance of for in Chap hereby confiri	Printed or typed name of signce in scapacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been