F31000350113

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
· · · · · · · · · · · · · · · · · · ·

Office Use Only



100391439521

07/26/22--01013--025 **55.00

2022 JUL 26 PK 4: 46

Ra Change

AUG 19 2017 DICUSHING

* COVÉR LETTER * . . .

Enclosed is a check for the fo ☐ \$25 Filing Fee	•	\$55 Filing Fee & Certified Cop				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee			
Name of Person		Area Code & Daytime Tel	ephone Numbe	r		
Sheng Chou	713 at (6325365				
For further information concerning this	s matter, please call:					
E-mail address: (to be used for fu	iture annual report not	fication)	171	δ		
City/State and Zip shengehou@gmail.com) Code		,~^	94:4-198		
Miami, FL 33155	0.1		4.1 -			
Address				JUL 2		
6490 Bird Rd.			£ = 1 L = 1 - 1 = 1 - 1 = 1	2022 JUL 26		
Firm/Compan	y	<u>—</u>				
TAKCOM, LLC						
Name of Perso	on .					
Melissa Penna						
Please return all correspondence conce	erning this matter to the	e following:				
The enclosed Registered Agent/Register	ered Office Change an	d fee(s) are submitted for filing	g.			
Dear Sir or Madam:						
	Name of Limited	d Liability Company				
TAKCOM, LLC SUBJECT:						
TO: Registration Section Division of Corporations		·				

INHS18 (2/14)



June 9, 2022

SHENG CHOU TAKCOM, LLC 6490 W 40TH ST MIAMI, FL 33155

SUBJECT: TAKCOM, LLC Ref. Number: L21000220713

We have received your document for TAKCOM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00012885

Diane Cushing Senior Section Administrator

www.sunbiz.org

WWW.Sulfbiz.org

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.

Na	ime of the limited liability company: TAKCOM, LLC	: 						
(a)	Sheng Chou		(b)	Sheng C	Chou			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~.		-	ess of limited l	-	
	6490 Bird Rd. Miami, FL 33155			6440 Bir	rd Rd, Miami.	FL 33155		
	5/12/2021		Ĭ	.2100022	20713			
	Date of filing/registration in Florida	4.			Document	number		
(a)	Sheng Chou				_			
	Registered Agent and Registered Office shown on the records of	f the Flo	rida	Dept. of Si	tate:		2022 JUL	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					,112		77
	6490 Bird Rd.					 	. 26	uaus
	Miami, F	L_3315	5		_		P	- 1
	Melissa Penna						÷	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	. J. () (C.					9	
	Take name of NEW Registered Agent and of NEW Registere	id Office	auu	1655.				
	NEW Registered Office Address:							
	7152 SW 47th ST, Unit 2B							
								
	Miami	L	i					
ange ent w is/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regist iability of the l	erec con limit	l office a apany, it ed liabil	and the busing t is hereby co lity company	ess office of nfirmed that	the re	gistered hange(s)
Cianat	ure of a member or authorized representative of a member	_			SH-7-NO Printed or ty	6 CHO	U_	
heret ovisie e obli mere	ov accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	ree to e e perfor ed for it hereby	act i mai n Cl cor	n this ca	macite 1 fac	thar aurae te		oly with the and accept being filed has been