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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TMT, 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:

Christopher R. Dingman, Esquire

.....
Name of Person

Johnson Pope Bokor Ruppel & Burns, LLP

.....
Firm/Company

401 E. Jackson Street, Suite 3100

.....
Address

Tampa, Florida 33602

.....
City/State and Zip Code

hmcnat3@mcnartscleaners.com

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

For further information concerning this matter, please call:

Christopher R. Dingman, Esquire

813 225-2500
.....
at ()

.....
Name of Person

.....
Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

☐ \$55 Filing Fee & Certified Copy

INRS18 (2/14)

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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: TMT, LLC

2. (a) Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)
6210 N. Florida Ave
Tampa, FL 33604

(b) Mailing address of limited liability company.
(Note: MAY BE POST OFFICE BOX)
6210 N. Florida Ave
Tampa, FL 33604

3. 03-15-2000 Date of filing/registration in Florida

4. L00000002928 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CT Corporation System
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1290 South Pine Island Road
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Chestnut Business Services, LLC
NEW Registered Office Address:
911 Chestnut Street
Clearwater, FL 33756

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.

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

Henry H. McNatt, Jr. Printed or typed name of signer

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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