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(03 - 46860)

TDD Entertainment Group, LLC.

PO Box 82046 South Florida, FL 33082

To Whom It May Concern:

I am requesting a change of mailing address for TDD Entertainment Group LLC. The mailing address as shown on the records of the Florida Department of State is 2646 SW 183rd Ave. Miramar, FL 33029. I would like to change the mailing address to PO Box 82046, South Florida, FL 33082. My document number is L030000046860.

Vyany

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

	ited liability company is: _T				٤.٤.	Ċ
2. The mailing address	of the limited liability compa	any is : 2646	5W 183rd	WE_		
			ar, FL 3302			
11/21/ 3. Date of filing registr	12003	201	3000004686	50		
3. Date of filing registr	ation in Florida	4. Docu	ment number			_
	stered agent and the registere	ed office address as	s shown on the rec	ords of t	the	
Florida Department c	of State: MAURICE Y	OUNG				
	MAURICE Y No ZG46 SW Add MIRAMAR, FC City, Sta	anne				
	25 46 5W Add	dress		a.		
	MIFAMAR, PL	3382 9			• . •	
6. The name and addres	s of the new registered agent			AUTO POSTE HINDA		
o. The hame and address	-					: :
	MAURICE YOU Nan 16573 SN	ne				`
	Florida street address (P	197# 5T	antahlal	₹	 "	
			•			
	MITAMAV, F City, State	L 33017-	4466			
If the limited liability of	ampany is not organized und	ar the lawe of the	State of Florida lit	is hereb	NV	
confirmed that after the	change or changes are made of the registered agent will be nereby confirmed that the cha ited hability company or as o	the Florida street	address of the reg	gistered o	office	
liability company, it is l	nereby confirmed that the cha	ange(s) was/were a	authorized by an a	ffirmativ	re vote c)t
the members of the limithe operating agreemen	ited liability company or as of the limited liability comp	otnerwise provided pany,	in the articles of	organiza	no noit	
Man 1						
	norized representative of a member)					
M AUMCE (Printed or typed name of sign	YOUNG					
(Printed or typed name of sign	ee)					
I hereby accept the app comply with the provisi and I am fandfar with Chapter 608, F. J. On address, Therefy confi	pointment as registered agen ons of all statules relative to and diccept the obligations of if this document is being filed of that the limited liability co	t and agree to act the proper and co t my position as re d to merely reflect ompany has been t	in this capacity. In this capacity. In the sent of the sent as a change in the remotified in writing	further sice of my providea egisterea of this c	agree to duties, l for in l'office hange.	,
(Signature of Registered Agen	1)	-				
U nivi	sion of Corporations PO	Roy 6327 Tallah	assec FI 32314			

FILING FEE: \$25.00

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