

LDH000042061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

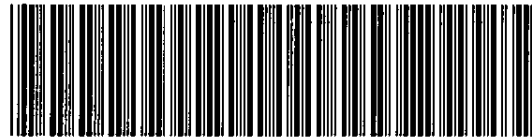
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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: T3D Properties LLC  
Name of Corporation

DOCUMENT NUMBER: LO4000042061

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Turbyfill  
Name of Contact Person

T3D Properties LLC  
Firm/Company

5100 N. Dixie Highway  
Address

Ft. Lauderdale, FL 33334  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jodi Turbyfill at 954, 545-3027  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2011

JODI TUIBYFILL  
5100 N DIXIE HIGHWAY  
FT LAUDERDALE, FL 33334

SUBJECT: T&D PROPERTIES, LLC  
Ref. Number: L04000042061

We have received your document for T&D PROPERTIES, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6851.

Gina McLeod  
Regulatory Specialist II

Letter Number: 911A00026937

**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.

1. Name of the limited liability company: T3D Properties, LLC

2. (a) Principal office address of limited liability company: 5100 N. Dixie Hwy

(Note: **MUST BE STREET ADDRESS**)

Suite 100  
Fort Lauderdale, FL 33334

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

5100 N. Dixie Hwy

Suite 100  
Fort Lauderdale, FL 33334

6/4/2004  
3. Date of filing/registration in Florida

LO4000042061  
4. Document number

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

Registered Agent:

Turbyfill, Jodi M

Registered Office Address:

4801 N. Dixie Hwy  
Suite 8  
Fort Lauderdale, FL 33334

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:**

Turbyfill, Jodi M

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

5100 N. Dixie Hwy  
Suite 100  
Fort Lauderdale, FL 33334

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 of a member or authorized representative of a member

Jodi Turbyfill

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 608, 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 of Registered Agent

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