105000027290

(Requestor's Name)				
TORR Group, LLC 2101 Fawn Meadow Circle St. Cloud, FL 34772				
(City/State/Zip/Phone #)				
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SECRLIANT OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections liability company submits the following agent, or both, in the State of Florida.	t 608.416 or 608.508, Florida Statutes, g statement in order to change its regist	the undersigned limited ered office or registered	
1. The name of the limited liability con	apany is: TORR Group, LLC	·	
2. The mailing address of the limited li	ability company is: 1221 North	054.	
	Lake Worth, FL		
March 16,2005	L 050000	27290	
3: Date of filing/registration in Florida	4. Document num		
Florida Department of State:	the registered office address as shown or Son Guzman	the records of the	
e projek gelle en selen gelle de la constante de la constante	Name		
1221	Vorth OST.		
/ nke(1)	Address	SEC SEC	
	Oorth OST. Address Orth FL 33460 City, State and Zip	LAHL LAHL	
6. The name and address of the new reg		ILE ASSE ASSE	
Ger	son Guzman		
	Name	8: 30 STATE	
· · · · · · · · · · · · · · · · · · ·	Name Jawn Meadow Circle		
Florida street address (P.O. Box NOT acceptable)			
St. Cloud	1 FL 34772		
	City, State and Zip		
confirmed that after the change or chang and the business office of the registered liability company, it is hereby confirmed		f the registered office f a Florida limited by an affirmative vote of	
Geron Guymon	Cloolos		
(Signature of a member or authorized representative	of a member)		
(Printed or typed name of signee)	Hamilton (1906) ann an tha (Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-		
I hereby accept the appointment as reg comply with the provisions of all statute and I am familiar with and accept the of Chapter 608, F.S. Or, if this document address, I hereby confirm that the limited than the confirmation of Registered Agents (Signature of Registered Agents).	istered agent and agree to act in this capes relative to the proper and complete perbligations of my position as registered as being filed to merely reflect a change ted liability company has been notified in	acity. I further agree to formance of my duties, sent as provided for in the registered office writing of this change.	

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314