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FEB 2 6 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TIMERCY TIMENCE, LIC 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:		
ENC COCLIN Name of Person		
TINERGY FINDANCE, (C.		
2170 MAIN STREET, STE	<u>, 401</u>	
SHRASOTA TO 39037 City/State and Zip Code		
E-mail address: (to be-used for future amplal report notification)		
For further information concerning this matter, please call:		
Kristina Coogolyak at (Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 3230!	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
₩\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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.

g, .,	
Name of the limited liability company:	TIWERCY FINANCE, LUC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 2170 MAIN DIRECT STE GOT SARASOTA FILES/137
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2170 MAIN STREET STEP 401 SALASOTA ST 39737
7 25 2505 3. Date of filing/registration in Florida	Les Societ 1353
5. (a) Registered Agent and Registered Office shown of	
Registered Agent:	TOTA WHENER
Registered Office Address:	DOC DEPARTURE AVE.
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	THOURGY HOUDING US, L 2170 HAIN STREET STE. GOT SARASSIN FL 34237
f the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide iability company, it is hereby confirmed that the change he members of the limited liability company or as other he operating agreement of the limited liability company	ne laws of the State of Florida, it is hereby
Printed or typed name of signec I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my chapter 608, F.S. Or, if this document is being filed to indiduess, I hereby confirm that the limited liability company.	<u></u>
Signature of Registered Agent	
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)