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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations	•							
TE Drugge								
SUBJECT: TE DEUM 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:							
,	•							
JAMES R. MIKES								
Name of Person								
Tr brum 110								
TE DEUM LLC Firm/Company								
t titus Company								
P.O. Box 24269								
P.O. Box 24269 Address								
• .								
TAMPA FL 33623-4 City/State and Zip Code	<u> 269</u>							
City/State and Zip Code	269 ALLAHASSET ACOM Polification)							
Vita Nikas Otton as hall as	7: 1 Z							
E-mail address: (to be used for future annual report	AHASSEC TO THE TOTAL							
For further information concerning this matter, please call								
For further information concerning this matter, please can	::							
JIM MIKES at (8	13) 495-4544							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations Division of Corporations								
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314							
Tallahassee, Florida 32301	rananassee, Florida 52514							
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 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. Nai	me of the limited liability company:	DEUM LL	.c		
2. (a)	3116WEST ROLAND ST. TAMP Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	0A FL (b) 1 any: 33609	Mailing address	of TAMPA of limited liability comp BE POST OFFICE BO	pany:
(NEW)	1515 SEA GULL DRIVE	<u>S. </u>	N	CHANGE 11	J
	ST PETERSBUPG, FL	<u>33101-3831</u>	e.	MAILING A	ddless
3.	4-9-2007 Date of filing/registration in Florida	4.	L 07 0000 3		
5. (a)	JAMES R. MIKES Registered Agent and Registered Office shown on the re	cords of the Florida Dep	ot, of State:	iumoei	
	2716 WEST ROLAND ST Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)	PL 33607		
(NEW) 1515 SEA GULL DRIVE	S.	<u></u>		
	ST. PETERS BURG	, FL 33101	-3836		
(b) _	NO CHANGE IN AGENT Enter name of NEW Registered Agent and/or NEW Re		y	=	
(NEW Registered Office Address: 1515 SEA GULL DRIVE	<u>چ</u>		2016 JUN 27 SECRETARY	AMERICAN STATE OF THE STATE OF
	ST. PETERS BURG	_, FL _331 0			
the charagent was/we the artic	mited liability company is not organized under nge or changes are made, the Florida street add ill be identical. Or, in the case of a Florida lin re authorized by an affirmative vote of the men les of organization or the operating agreement	dress of the registere nited liability comp mbers of the limited t of the limited liabi	ed office and the bus any, it is hereby con liability company o lity company.	siness office of the re firmed that the chan or as otherwise provi	egistered ge(s) ded in
Signati	media for authorized representative of a member		Printed or typ	ed name of signee	<u>ES</u>
Thereb	y accept the appointment as registered agent of some of all statutes relative to the proper and cogations of my position as registered agent as playered according to reflect a change in the registered office add in writing of this change.	and agree to act in i	this capacity. I furth	ner agree to comply am familiar with an this document is be iability company ha	with the ad accept ing filed s been
10	e of Registered Agent			6/23/1	16
	Division of Cornerations	PO Boy 6327 a T	fallahassee. FL 323	14	