## 108000016635

(Requestor's Name)					
(Address)					
(1001000)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP U	VAIT MAIL				
/Di	matter and a second				
(Business E	ntity Name)				
(Document I	Number)				
Certified Copies Ce	ertificates of Status				
Special Instructions to Filing Off	ficer:				

Office Use Only



900327202129 ~

Ũ4/Ũ3/13--01007--805 ++25.88

S TALLENT APR 2 6 2019

2019 APR 24 AM 8: 11 SECRETARY OF STATE

2019 APR 24 AM 8:



April 15, 2019

TIFFANY SPENCE THREE D REAL ESTATE LLC 919 W JAMES LEE BLVD. CRESTVIEW, FL 32536

SUBJECT: THREE D REAL ESTATE LLC

Ref. Number: L08000016635

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 119A00007567

697

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Three D Real Estate 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:				
Typorny Spence Name of Person				
Three D Real Estate LLC Firm/Company				
919 W James Lee Blvd. Address				
Crestiew FL 32536 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tiffany Spence at (850) 826-0442  Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  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 \$\square\$ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)				

## 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. Na	une of the limited liability company: Three T	D Re	al Esta	te uc	,
2. (a)	Principal office address of limited liability company: FL (Note: MUST BE STREET ADDRESS) 33	1, eu/b)		925 Crest	
	(Note: MUST BE STREET ADDRESS) 33	<sub>3</sub> 536	-	MAY BE POST OFFI	
		_			
					····
2	2/15/08		<u> 1080000</u>		
3.	Date of filing/registration in Florida	4.	Docun	nent number	
5. (a)					
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		$\mathcal{D}_{\mathcal{A}}$	
	- WAGARD ROOM	2 16	143 Dads	s Rd.	
	Carrier Baker, FL	300	<b>800</b> 3253	31	
					<u>.</u>
(b)	Titany Spence	<del> </del>		SECRETA TALLA	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>ress</u> :		2 (************************************
	919 V James Lee Blv	Ļ			+ 4 π-4π-4
	NEW Registered Office Address:	<u> ۽ د</u>			
	Crestieni				-
	92511160			mi '	
	, FL	325	36		
If the li	mited liability company is not organized under the law	ve of the	State of Florida it	t ie harahy contirma	d that after
the cha	nge or changes are made, the Florida street address of	the regist	ered office and th	ie business office of	the registered
	vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members o				
	cles of organization or the operating agreement of the	limited li		•	•
Signal	ure of a member or authorized representative of a member		Tillan	Spena or typed name of signed	<u>e</u>
	,	an to ant	Timea	or typed name of signed	-
r neren provisio	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete in igntions of my position as registered agent as provide	ve to act i performa	nce of my duties, is hanter 605 E.S.	and I am familiar w	rith and accept
ine ooit to mere natifica	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change in the registered office address. I have the change in the registered of the change in the change	i joi in C. ierehy co.	napier 605, r.s. ( nfirm that the limi	or, if mis accument ited liability compar	is being filea ny has been
	(in writing of this change.				

Signature of Registered Agent