Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001260323)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC. Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

**Ente	er t	he	email	address	for	this	busin	ess	entity	to	be	used	for	futu	rе
	ańn	ual	report	t mailin	gs.	Enter	only	one	email	add	ress	ple	ase.	**]	

Email Address:

## LLC REGISTERED AGENT CHANGE TUUCI WORLDWIDE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX Help

## 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. N	ame of the limited liability company: TUUCI WORL	DWIDE, LLC	
2. (a)		(b)	
_ ( ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	05/22/2008		0051100
3.	Date of filing/registration in Florida	4.	Document number
5. <b>(</b> a)	CLARKE, DOUGAN  Registered Agent and Registered Office shown on the records of 1000 SE 8TH STREET	the Florida Dept. of S	itate:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2023 AFR
	HIALEAH , FL	33010	
(b)	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N  NEW Registered Office Address:	Office address:	-4 РМ 1: 24 :: 11 05.52
	STE 300		
	St. Petersburg , FL		·······
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered off ability company, i of the limited liabi limited liability c	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
Signa	ature of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had an writing of this change.	ee to act in this co performance of n d for in Chapter 6 hereby confirm th	anacity. I further garee to comply with the
Signati	Taylor Newman - Assistant Secretary	1	

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