L08000 106234

	(Requestor's Name)					
	(Address)					
	(Address)					
Ī	(City/State/Zip/Phone #)					
	PICK-UP WAIT MAIL					
	(Business Entity Name)					
-,-						
•	(Document Number)					
(ertified Copies Certificates of Status					
	Special Instructions to Filing Officer: Q. SILAS					
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SECRETARY TESTAL

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
STACEY CARBI	
Name of Person	
TUUCI LLC	
Firm/Company	
1000 SE 8TH STREET	
Address	
HIALEAH FL 33010	
City/State and Zip Code	
SJAMESON@TUUCI.COM	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
STACEY CARBI	305 636-7892
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	nt:
■ \$25 Filing Fee	☐ \$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	ame of the limited liability company:				
2.	(a)	1000 SE 8TH STREET		(b) 1000 SE 8T	TH STREET	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		HIALEAH, FL 33010		HIALEAH,	, FL 33010	
		11/14/2008		L080001062	38	
3.		Date of filing/registration in Florida	4.]	Document number	
5.	(a)	THOMAS M PARKER				
		Registered Agent and Registered Office shown on the records	s of the Flori	da Dept. of State	:: ::	
		1000 SE 8TH STREET				
		Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRES</u>	<u>55)</u>		
		HIALEAH ,	FL_33010		- 141 1803 - 1803	2021 NOV 18
	(b)	DOUGAN CLARKE			50	
		Enter name of NEW Registered Agent and/or NEW Register	red Office 2	ddress:		P (5)
		1000 SE 8TH STREET			: : : : : : : : : : : : : : : : : : :	1 37
		NEW Registered Office Address:				37
					-	
		HIALEAH	FL_33010			
cha age wa:	inge int v s/we	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the companion of of the	the registe I liability or rs of the lithe the limited	red office and company, it is mited liability liability com	I the business office of the hereby confirmed that the company or as otherwise pany.	registered change(s)
<u> </u>	ienai	rure of a)member or authorized representative of a member	<u>DC</u>	OUGAN CLAR	Printed or typed name of signer	-
I h pro the to r not	erel visit obli nere ified	by accept the appointment as registered agent and cons of all statutes relative to the proper and completed igations of my position as registered agent as proved reflect a change in the registered office address, in writing of this change.	agree to ac ete perforn ided for in , I hereby c	rt in this cana	icity. I further garee to co	mnlu with the